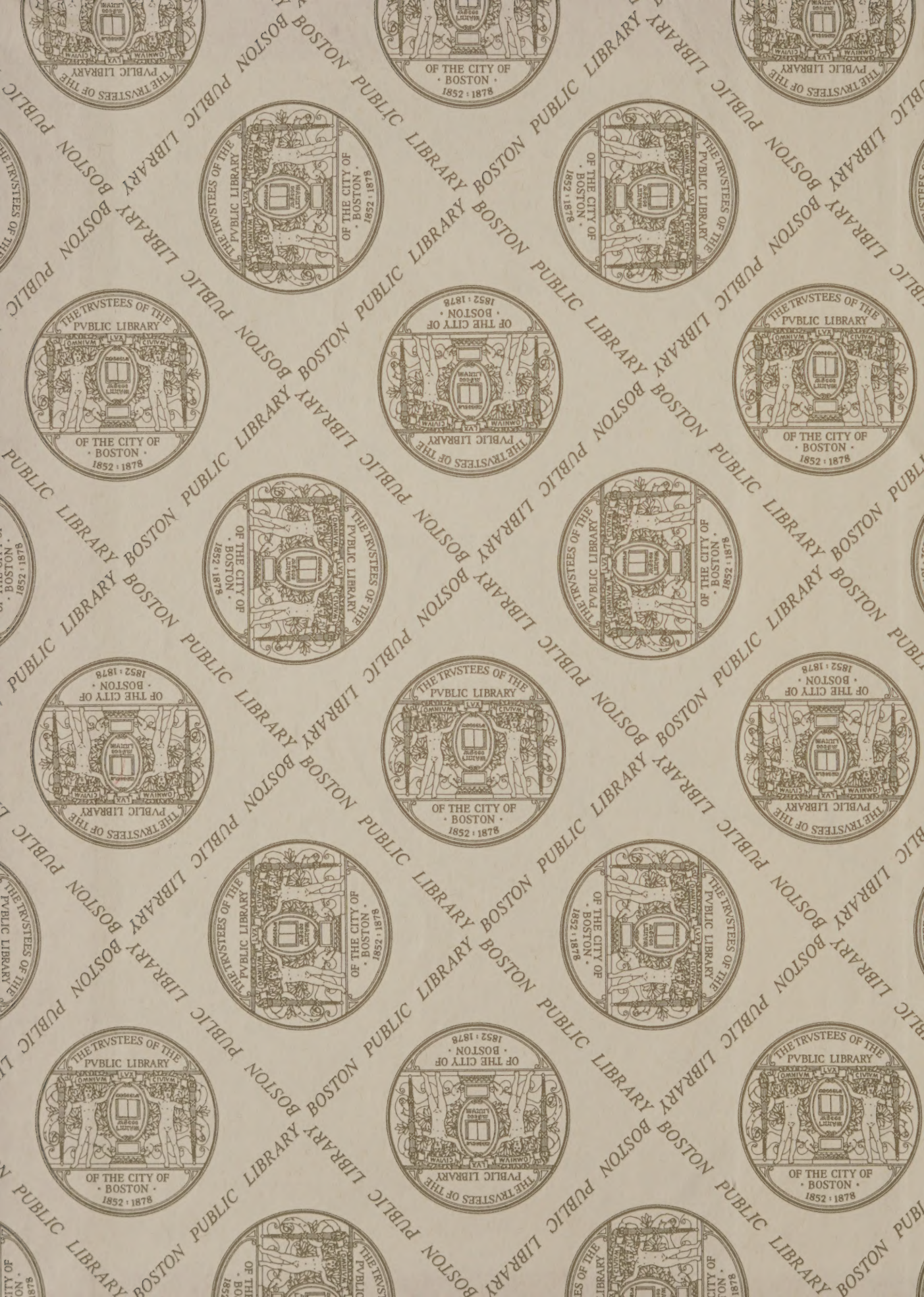
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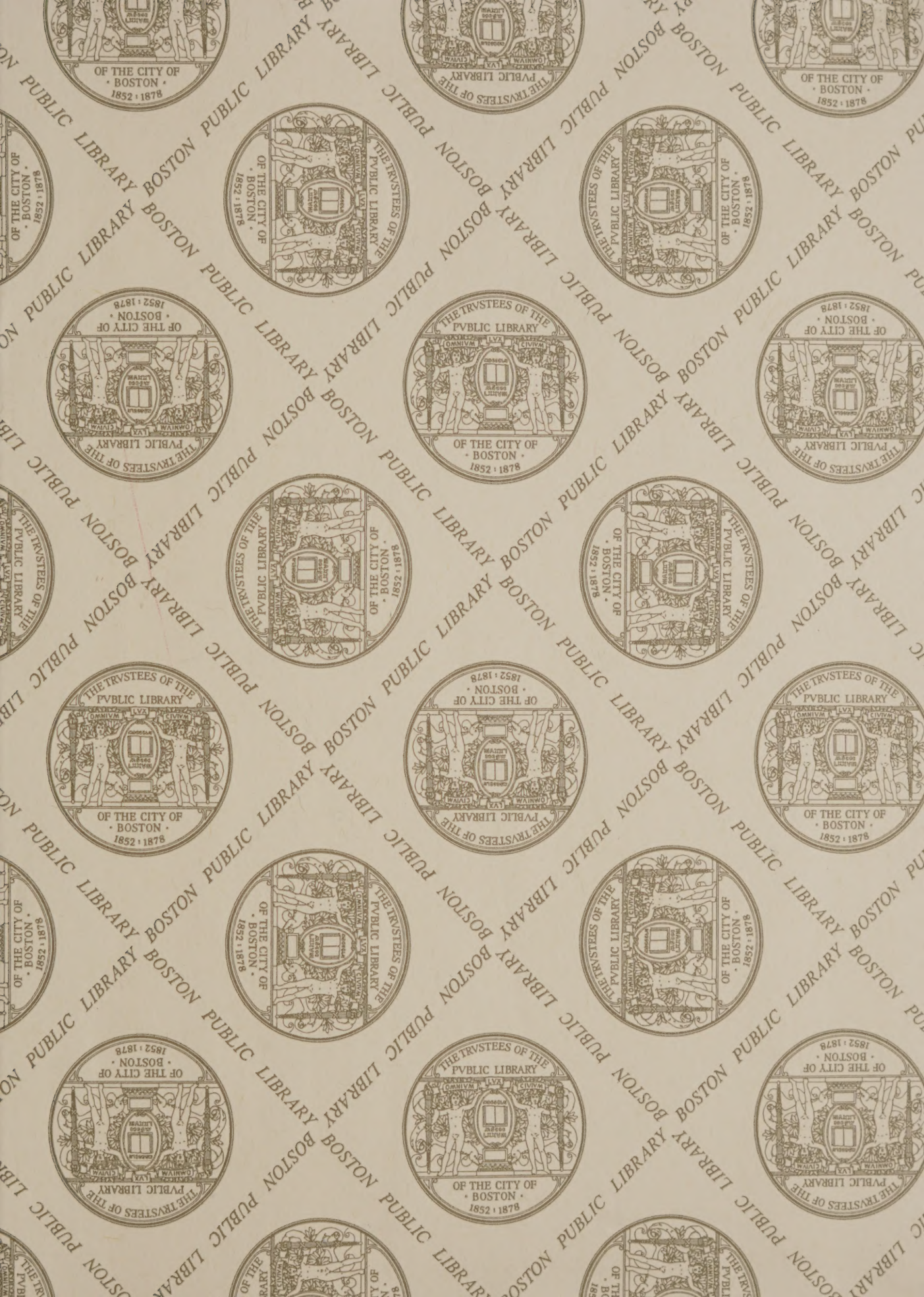
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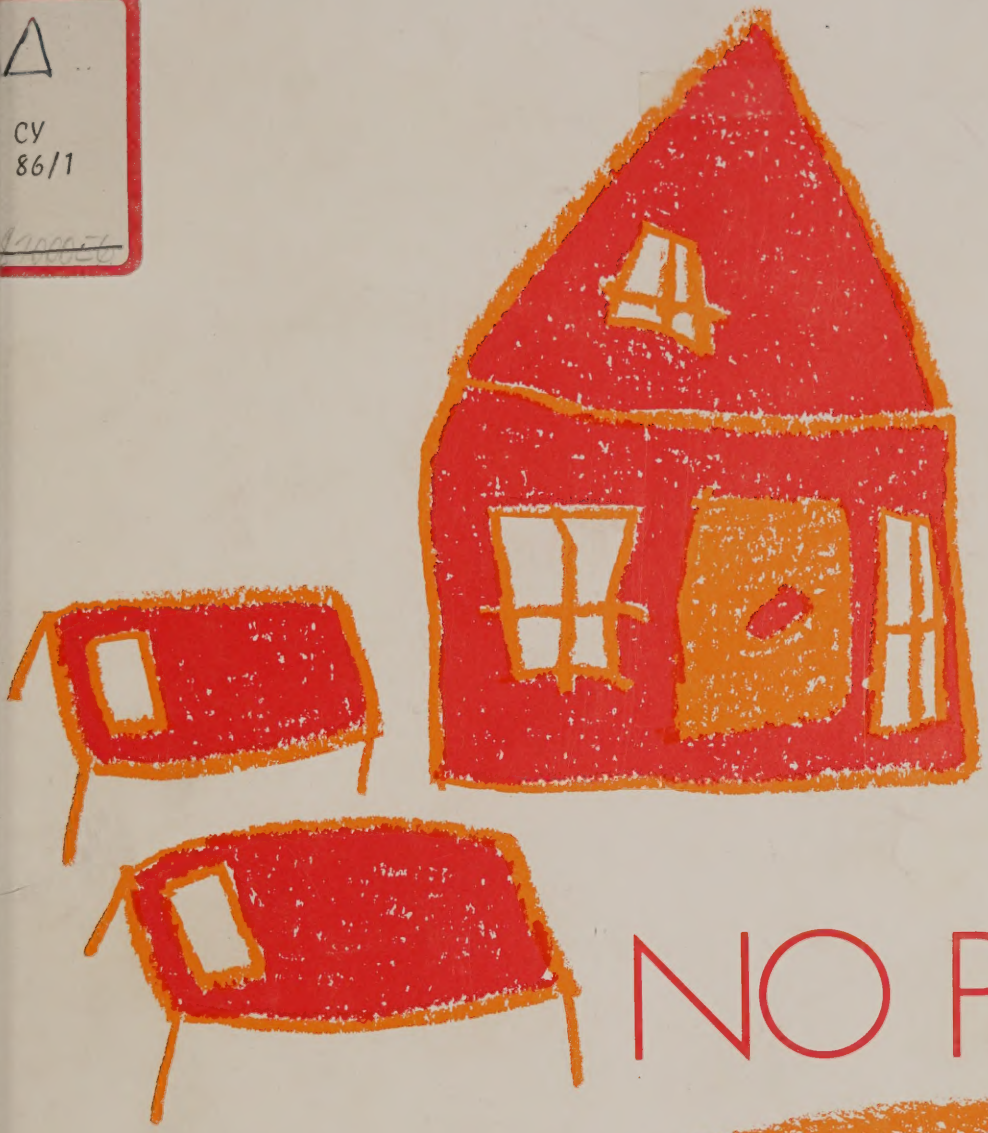

NO PLACE LIKE HOME

A Report On the Tragedy of Homeless Children and Their Families in Massachusetts

MASSACHUSETTS COMMITTEE FOR CHILDREN AND YOUTH

This report was prepared through a grant from

THE BOSTON FOUNDATION

NO PLACE LIKE HOME

A Report on the Tragedy of Homeless Children and Their Families in Massachusetts

Ellen Gallagher

Massachusetts Committee for Children and Youth, Inc.

September 1986

To the memory of my father
who did not live to see the final draft of this report
but who, nevertheless, inspired its completion

Cover drawing by a South Boston child
Cover design by Polese Clancy

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14 Beacon Street, Suite 706
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A chapter of the
National Committee for Prevention of Child Abuse

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The completion of this report would not have been possible without the work of a great many people. From October 1985 through June 1986, MCCY interviewed representatives from over 70 public and private agencies, including an estimated 30 shelter providers. To each of these individuals for their willingness to provide information, assistance and advice, and for their ongoing efforts to serve homeless families, we extend sincere thanks.

In addition, much appreciation goes to the team of Ellen Bassuk, M.D., Lenore Rubin, Ph.D. and Alison Lauriat, M.A. Their deep concern and commitment to improving the lives of homeless women and children led them to conduct the first in-depth clinical research study of this population. For their willingness to share critical findings from this study, we are greatly indebted.

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Invaluable was the generosity and patience of Nell and Steve Schoonover who taught this author the wonders of word processing. MCCY also acknowledges the firm of Polese Clancy for in-kind services and for their consistent good nature in retyping numerous drafts of this report.

Finally, for their strong commitment to find solutions for the homelessness problem, The Boston Foundation deserves the gratitude of MCCY and of all those who care about the plight of homeless families.

E.G.

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BELINDA, THE GOOD WITCH OF THE SOUTH:

Then close your eyes and tap your heels together
three times and think to yourself -
"there's no place like home."

DOROTHY:

There's no place like home,
There's no place like home,
There's no place like home.

from "THE WIZARD OF OZ"

PREFACE

Home. There is no image warmer or more comforting. Unfortunately, unlike Dorothy in the Wizard of Oz, the estimated 1600 homeless children in Massachusetts cannot find a home simply by tapping their heels and wishing themselves there. For them, the familiar expression "There's no place like home", has a different emphasis and meaning. As these children cycle through a series of emergency shelters, hotel/motels and other inadequate housing accomodations, there truly is no place like home - no place that looks like home, feels like home or has the stability and security of a real home.

The findings of this disturbing report demonstrate how deep is the hurt of the children in Massachusetts who are without a home. The injury to these children has been documented by Harvard University psychiatrist, Dr. Ellen Bassuk, in a landmark study of homeless families living in Massachusetts shelters, hotels and motels. Despite the inherent limitations of studies, and the need for additional research in this area, the Bassuk study reveals data which are forceful and compelling. The serious lags in the children's

mental and physical development, their educational failures, the prevalence of serious childhood depression and anxiety, the paucity of meaningful help from social service agencies, and the virtually certain portent of unproductive, unhappy lives is shocking.

Many of the children's mothers are no better off, although somehow they have survived to adulthood. With children in tow, they wander endlessly from one miserable place to another -- from abandoned houses, to overcrowded and unsanitary rental housing where they live "doubled-up" with other poor families, to run-down welfare hotels, to inadequate temporary shelters, to the street. Too many mothers and children bear the physical and mental scars of the violence they have endured, of the years of wandering, of the empty promises of aid.

The tragedy is compounded by irony. In a state enjoying a budget surplus of more than half a billion dollars, thousands of children languish in homelessness and desperation. Our Governor, nationally reputed for his enlightened leadership, announced in his Inaugural Address on January 6, 1983 that the following day he would "convene an emergency meeting of the new cabinet, the Senate President and Speaker

of the House, nonprofit organizations, civic and religious leaders, and representatives of the Coalition for the Homeless" to deal with his first priority, the reaching out "to those among us who are in desperate need and can barely sustain themselves". Some actions have been taken. But three years later, the unmet needs of homeless children are a stark testament to how little has been accomplished and how much more needs to be done.

The situation of homeless children and their families in this state truly approaches a moral catastrophe.

- Children should not be forced to move a dozen or more times before the age of 3, or be shuttled through one temporary shelter after another.

- Children should not have to stand in breadlines for a nutritious meal nor live in hotels where there is not even a refrigerator to store milk.

- Children should not be living in cockroach-infested hotels where the "guests" they see in the halls are likely to be drug dealers and prostitutes.

- Children should not be tormented by feelings of sadness, anxiety, self-hatred, and shame.

- Most important of all, children should have a home--a nuturing, stable home.

Children are wonderfully resilient. The children studied in this report are not yet lost. But we must act decisively to break the cycle of despair before they become the next generation of homeless adults. This report contains a series of concrete and pragmatic remedies -- emergency measures for immediate amelioration, and longer-term measures to deal with the root causes of family homelessness. The suffering of these mothers and children must compel us to adopt a meaningful plan of action.

We at the Massachusetts Committee for Children and Youth submit the following report and hope the ideas contained herein will serve as a foundation for that plan of action. We pledge to use every resource we have to focus attention on the needs of this uniquely vulnerable population. We call to action all who care for people in need and encourage them to join with us in this essential effort.

Eli Newberger, M.D.
President

Gene K. Landy, Esq.
Chairman, Advocacy Committee

INTRODUCTION

INTRODUCTION

It has become a well-worn and, therefore, seemingly trite statement. But the alarming message bears repeating: There is more homelessness in the United States today than at any other time since the Great Depression.

Estimates of the size of the homeless population vary widely, but experts agree it is growing and that the composition has changed since 1970. One of the most dramatic changes has been the appearance of large numbers of single mothers with small children who lack shelter.

From 1970 to 1981 in New York City, caseloads of homeless families were constant at 940 families per night. By 1982 this number had increased more than 150% to 2,900 famlies. The most recent New York count indicates than 4,100 families, including approximately 15,000 individuals, are currently homeless. A devastating fact is that over 10,000 of these homeless individuals are children, the majority of them under the age of five.

Other cities across the country report similar increases in the number of homeless families. In fact, a recent New York Times article predicts that the numbers of homeless families will double during 1986.

Massachusetts has experienced a comparable explosion. Although exact numbers are difficult to validate and depend on how one defines homelessness, (whether "doubling-up" of families under one roof is included), estimates statewide range from 600-2,000 homeless families. On any given night in Massachusetts, the maximum capacity family shelters can serve is approximately 200 families. Overflow numbers are housed in hotels and motels under the state and federal Emergency Assistance Program. Presently 425-450 families are staying in these facilities and the numbers are climbing.

Several factors appear to be contributing to the emergence of homelessness among families. Chief among these are the lack of decent, affordable low-income housing and inadequate welfare benefits. Recent data suggest that factors such as, family violence, substance abuse and chronic poverty also contribute to outcomes of homelessness among some families.

What is being done to address these critical issues? Since 1983 when Governor Dukakis designated homelessness as his number one human service priority, Massachusetts has been attempting to develop policies around a four pronged strategy or "Continuum of Services", including: Prevention of Homelessness, Emergency Services, Transitional/Supportive Services and Permanent Housing. In regards to homeless families, the majority of spending has been under the categories of Prevention and Emergency Services.

For example, in 1983 Massachusetts passed the first piece of anti-homelessness legislation - Chapter 450, "An Act Further Regulating Assistance to Needy Persons". This bill greatly expanded the amount of prevention money paid under the state Emergency Assistance (EA) Program for fuel, utilities, rent, mortgage arrearages, advance rent and security deposits. It furthermore authorized the provision of emergency shelter in hotels and motels to AFDC recipients for up to 90 days. Massachusetts has also increased the number of family shelters from 2 to 21 and has added 3 transitional housing programs.

Relative to other states, Massachusetts has done much to acknowledge the scope of the problem and, in particular, to respond quickly with measures aimed at placing temporary "roofs-over-families' heads." However, we now know that building shelter programs was not the solution to family homelessness. Furthermore, contrary to our assumptions, short-term economic bad luck within otherwise stable families is not the most frequent precipitant of homelessness. This is not to suggest that sheltering homeless families has been a failed response. By bringing homeless families together, shelters have been invaluable in helping us to focus sharply on the needs of many of these vulnerable families. In that regard, building shelter programs was probably a necessary stepping stone on the road to finding an ultimate set of solutions to this complex problem.

However, as advocates, shelter providers, researchers and state workers alike agree, these band aide measures, although necessary, are now clearly insufficient and more comprehensive initiatives must mark this second phase of our response. As this year's House 1 Budget Narrative has stated, the State, under the Executive Office of Human Services has yet to articulate a detailed, coordinated and

comprehensive long and short term plan to meet the housing and human service needs of homeless families. It is our goal that the following report will serve to fuel that process.

For 28 years the Massachusetts Committee for Children and Youth (MCCY) has been a statewide, private organization of citizens working to improve the lives of Massachusetts most vulnerable children. Among these have been abused and neglected children, emotionally disturbed children, drug addicted newborns, adolescents facing depression and suicide, and abandoned, runaway and homeless youth.

It was therefore appropriate that upon the release of preliminary data from the Bassuk study in 1985, the Boston Foundation awarded to MCCY a grant to examine the housing and human service needs of homeless children and their families and to propose specific immediate, short- and long-term recommendations for action.

Since October 1985, MCCY has conducted fact finding interviews with dozens of advocates, shelter providers, housing and human service program staff, and state employees currently involved with homeless families. We have examined alternative housing and service delivery models in cities and states across the country. We have participated in a series of roundtable discussions on homelessness at the John F. Kennedy School of Government which included a broad range of state and private individuals from numerous disciplines.

Most importantly, we have visited with children and mothers in the shelters, we have gone to the hotels, we have been to the soup kitchens. We have seen first hand the desperation and urgency on the faces of the children and families for whom we advocate. We hope we have done our work well and that their faces will come through in the pages of this report.

Jetta Bernier
Executive Director, MCCY

EXECUTIVE SUMMARY

The following report examines the housing and human service needs of homeless families in Massachusetts and contains a series of public policy recommendations for immediate, short- and long-term implementation.

CHAPTER 1 - THE EMERGENCY SHELTER SYSTEM

Chapter 1 reviews the history and growth of the emergency shelter system in Massachusetts. It identifies the 31 public and/or private sheltering programs available to serve homeless families.

KEY POINTS

- Over the past 3 years, the number of shelters for homeless families in Massachusetts has grown at a rapid rate. In 1983, only 2 such programs existed. Presently, the Commonwealth helps fund over 25 shelters for homeless families at an annual cost of approximately $6 million.

- Shelters are specifically designed to meet an emergency crisis. They respond primarily to basic needs (i.e., food, shelter and clothing).

CHAPTER 2 - HOMELESS FAMILIES: THE SHELTER POPULATION

Chapter 2 describes the characteristics and needs of sheltered families based on a recent study by Bassuk et al. It furthermore discusses how the new shelters function as part of an emergency system and how they have responded to the needs of homeless families.

KEY POINTS

- Many homeless families need more than food, shelter and clothing. As data from Bassuk and various other sources suggest, a distinct group of homeless families have a constellation of multiple problems which can be characterized as serious, complex andchronic.

- A high number of children living in the shelters have critical social, emotional and intellectual needs which remain unaddressed. They manifest developmental delays, poor school performance and severe anxiety and depression.

- Although shelters are vital for homeless families, the majority of these facilities are not equipped, either physically or programmatically, to meet independently the complex and multiple needs of many of the families they are serving.

- In light of the data which now exist describing the characteristics and needs of homeless families, and the length of time families remain in emergency shelters, these settings can no longer be regarded as merely emergency facilities. Because of their current functions, shelters must be regulated like other human service organizations.

- Finally, the relationship of shelters to long-term housing for homeless families and to established social welfare agencies must be clarified.

CHAPTER 3 - THE HOTEL/MOTEL PROGRAM

Chapter 3 examines the history and evolution of the state Emergency Assistance (EA) Progam. It explains why homeless families first began using hotels and motels and how their numbers have gradually increased. The chapter also profiles the population served, the available hotel and motel accomodations, and the services families are receiving. Using comparative figures from 1979 through the present, the overall costs to the Commonwealth are also discussed.

KEY POINTS

- The overall cost of temporarily housing homeless familes in hotels and motels is enormous. Currently, the Commonwealth pays an average of $1,350 to $1,400 per month and $16,000 annually to keep one family sheltered in this setting.

- Hotels/motels are inadequate facilities that provide families with neither a healthy nor humane environment.

- Hotels/motels do not meet the needs of children, and are extremely detrimental environments for child-rearing and effective parenting to take place.

- Statistics from Bassuk, et al. and the Department of Public Welfare indicate that a significant overlap exists between families staying in shelters and those staying in hotels/motels.

- Finally, the special Housing Search Unit at DPW has instilled some hope into this gloomy picture. The effort has facilitated the movement of homeless families out of hotels/motels and into permanent housing. It has also resulted in the delivery of important social services. However, despite these efforts, the critical needs of women and children in these settings frequently remain unmet.

CHAPTER 4 - BENEFITS

Chapter 4 describes Aid to Families with Dependent Children (AFDC) along with 2 other potential resources for homeless families, the federally-funded Food Stamp Program and the Women, Infants and Children Supplemental Food Program (WIC). It weighs the adequacy of the existing AFDC packages against the federally-established Poverty Level Income for 1986 and median rents in Massachusetts.

KEY POINTS

- The vast majority (85% to 90%) of all homeless families are headed by women who rely on AFDC as their primary source of income.

- Currently, AFDC grant levels are approximately 40% below the federally-established Poverty Level Income for 1986.

- AFDC is woefully inadequate to meet the basic needs of all eligible families and, in particular, homeless mothers living in shelters, hotels and motels.

- Despite the existence of supplementary programs, such as Food Stamps and WIC, AFDC grants combined with the value of these entitlements are, and unfortunately will likely remain, well below the poverty level.

- Given the current crisis in decent, low-cost housing, it is virtually impossible for AFDC recipients to afford and maintain private rental market units.

CHAPTER 5 - HOUSING

Chapter 5 examines the Massachusetts housing crisis, its effects on very low-income families, and the efforts of state agencies to address the housing part of the homelessness problem.

KEY POINTS

- The Massachusetts housing crisis is not a short term phenomenon, and neither is the family homelessness problem.

- The problem of permanent housing for homeless families has not been adequately addressed.

- Several direct means are available for addressing the housing part of the family homelessness problem. Most importantly, (1) new low-income housing can be built, and (2) new specialized ("transitional") housing can be built. These approaches are, for the most part, long-term ones. In the mean time, much can be done to help families who are becoming homeless this month and this year. That is, (3) families can receive rental subsidies for use in the private market; (4) families can receive housing-related services (aid in housing search, legal advocacy) to increase the chances that they can use these rental subsidies; or, (5) families can be prevented from losing their original apartments.

CHAPTER 6 - RECOMMENDATIONS

Chapter 6 contains specific recommendations regarding the development and/or provision of housing and human service programs for homeless families. These recommendations are based upon 2 premises which concern the basic rights of all families and the range of essential services required to address the family homelessness problem. Six major goals underlying the recommendations are also included.

Finally, the recommendations are divided into 3 time-ordered categories:

Recommendations for immediate action to be implemented within the next 6 months.

Short-term recommendations to be implemented over the next 3 years.

Long-term recommendations to be implemented over the next 3 - 5 years.

This summary contains key recommendation points only. The reader is encouraged to refer to Chapter 6 for more complete details.

RECOMMENDATIONS/THE EMERGENCY SHELTER SYSTEM

Recommendations for Immediate Action

1. The Commonwealth, working closely with shelter providers, should establish uniform guidelines for the operation and management of all family shelters.

2. To meet the immediate needs of homeless women and children, each shelter should be granted sufficient funding and technical assistance to hire and train the following 4 full-time personnel: a program director, a housing advocate, a licensed, clinically-trained (MSW or equivalent) social worker, and a family life advocate.

3. The Office for Children together with the Department of Social Services and the Department of Public Welfare should develop a plan to ensure the provision of additional day care and transportation money for homeless children now living in shelters, hotels and motels.

4. Shelter staff working in conjunction with local school systems should ensure that resources available under Chapter 766, "A Special Education Law", are made available to all eligible children (age 3 and older) and their parents.

5. The Commonwealth through the Department of Public Welfare (DPH) must ensure that all family shelters are free of lead paint.

6. All shelter staff should attend regular staff training sessions organized by the Commonwealth in cooperation with shelter directors.

Short-term Recommendations

1. Community-based, multidisciplinary case management teams should be made available to all multi-problem families identified by DSS, shelter and hotel/motel social workers for the purposes of comprehensive case assessment, planning, coordination and follow-up.

2. The Commonwealth through the Department of Social Services should design, circulate and fund a Request for Proposal for 10 new "family continuity programs".

3. The Commonwealth through the Department of Social Services should increase funding to existing parent aide programs that are willing to expand their programs to work more extensively with homeless families now living in shelters, hotels and motels.

4. The Commonwealth through the combined efforts of DSS, EOCD, and EOHS should increase the number of transitional housing programs for homeless families now living in shelters, hotels and motels.

Long-Term Recommendations

1. The number of family shelters should be stabilized. The Commonwealth should not continue building an industry for crisis management.

2. The average length of stay for families in emergency shelters should be gradually shortened, area by area, as new resources become available.

3. Shelters should return to providing emergency services. In order for this to happen, shelters must develop stronger linkages with existing social service agencies and have access to other important resources such as transitional housing, state rental subsidies and, most importantly, permanent housing.

RECOMMENDATIONS/THE HOTEL/MOTEL PROGRAM

Recommendations For Immediate Action

1. A computerized tracking system must immediately be developed and implemented to follow all homeless families entering and exiting the state-funded hotels/motels and permanent shelter facilities.

2. The Department of Public Health (DPH) should assign teams of nurses to hotel/motel facilities which house 10 families or more to operate on a specific schedule of rounds--similar to the Robert Wood Johnson Health Care for the Homeless Project--and make sure that mothers and children have access to:

   - innoculations
   - well-baby clinics
   - pre- and postnatal care
   - nutrition programs

3. Refrigerators should immediately be placed in all hotel/motel rooms. Priority should be given to pregnant women and women with infants living in these facilities.

4. The DSS discretionary fund should be expanded so that children living in shelters, hotels and motels can attend summer camp, organized field trips, recreational programs, etc. to give them much needed respite from these stressful environments.

Short-Term Recommendations

1. All families entering hotels/motels should have access to the services of community based multidisciplinary teams.

Long-Term Recommendation

1. Barring cases of fire, flood or other natural disasters, homeless families should no longer be placed in hotels/motels.

RECOMMENDATIONS/BENEFITS

Recommendations For Immediate Action

1. Food vouchers should be provided to all families living in hotels/motels for the purchase of prepared meals in restaurants, cafeterias, etc.

2. Funding for the Women, Infants and Children Supplemental Food Program, (WIC) should be increased. Aggressive outreach efforts to inform eligible families of the program's existence should be developed.

Short-Term Recommendations

1. AFDC grants should be increased to the federally-established Poverty Level Income for 1986.

2. The recently signed law which aims to locate absentee fathers and enforce the collection of child support should be vigorously implemented.

Long-Term Recommendations

1. AFDC grants should keep pace with the federally-established Poverty Level Income.

2. Once homeless families are stabilized in permanent housing, DPW's existing Employment and Training Program should conduct specialized outreach efforts to the AFDC mothers who are interested in participating in this program.

RECOMMENDATIONS/HOUSING

The issues related to rehousing homeless families are complex and not easily classified according to immediate, short- and long-term recommendations. MCCY, therefore, believes that efforts to initiate each of the following recommendations should be started immediately and expects that their full implementation will extend over a period of several years.

1. Funding for new Chapter 705 family public housing must be increased over the coming years.

2. EOCD should consider more aggressive efforts to overcome community resistance and expedite the development of Chapter 705 housing.

3. Several measures should be taken to encourage the development of more transitional housing.

4. MCCY calls upon EOHS, working in cooperation with EOCD, to develop a comprehensive and coordinated long-range plan for the provision of transitional housing.

5. Funding of Community Development Corporations (CDCs) to develop low-income housing should be increased.

6. Aggressive Housing Search Services must be provided by nonprofit agencies, under contract to EOCD, to ensure that the 1200 Emergency Case Certificates and 2250 Special Certificates are not returned unused.

7. These nonprofit "Housing Search Agencies" should be given the money and the power to implement creative and innovative housing solutions to family homelessness.

8. EOCD should administer a loan and grant fund for code work, and perhaps for deleading, that the Housing Search Agencies could use as an incentive with landlords.

9. Doubled-up families should receive housing search services to prevent them from cycling into hotels/motels and shelters.

10. EOCD's Housing Services Program, which provides landlord/tenant mediation to prevent homelessness from occurring, should be expanded to serve more households.

11. Steps must be taken to further expose and combat discrimination against female-headed, welfare families.

12. EOCD must aggressively enforce the new tenant selection regulations, to ensure that homeless families do in fact receive emergency case status.

* * *

CHAPTER 1

THE EMERGENCY SHELTER SYSTEM

"If I were the only person left on earth, and God came down and gave me three wishes, they would be:

1. *To have another chance at life, not only for me but for everybody*
2. *To have more friends and people who like me*
3. *To have a home like everybody else does."*

David, age 12

THE EMERGENCY SHELTER SYSTEM: BACKGROUND

Before 1980, only a few Massachusetts facilities provided shelter for homeless families. The Temporary Home for Women and Children on New Chardon Street in Boston was the first family shelter in the Commonwealth. Established in 1857 by the City of Boston, this shelter was operated by the city until 18 years ago when the Commonwealth took over its operations.

In the 1970s, with financial support from federal and state governments, a small network of private shelters was developed for women fleeing abusive home situations. Although these shelters served only battered women, they provided an impetus for community organizers who were beginning to articulate a broader range of needs among homeless families. By the end of the 1970s, the private nonprofit sector, consisting primarily of religiously-affiliated groups, had started various programs for homeless families. However, resources were scarce and programs were few. (United Community Planning Corporation, 1979)

The early 1980s were marked by a steadily worsening housing crisis which contributed to more and more individuals and families becoming homeless. Increasing public scrutiny through the media and the work of advocates, in particular, the Massachusetts Coalition for the Homeless, culminated in this administration's commitment to addressing the problem. In his Inaugural Address in January 1983, Governor Michael Dukakis stated that providing help for homeless individuals and families would be his number one human service priority. Since then, the Commonwealth of Massachusetts has spent millions of dollars to support sheltering programs (Table 1.1 - Homeless Spending FY1983 - Present).

The sheltering programs were designed to meet an immediate crisis. By building community-based shelters (with 20 to 35

TABLE 1.1

HOMELESS SPENDING: FY1983 to the PRESENT*
(Dollars spent for shelters and health services)

FY1983	PERMANENT SHELTERS		$2.20 M
FY1984	PERMANENT SHELTERS		3.30 M
	TEMPORARY SHELTERS	(Federal)	1.30 M
	TEMPORARY SHELTERS	(State)	.20 M
FY1985	PERMANENT SHELTERS		4.70 M
	TEMPORARY SHELTERS		.50 M
	HOMELESS HEALTH SERVICES		.25 M
FY1986	MAINTAIN 21 PERMANENT SHELTERS		5.70 M
	OPEN 8 NEW PERMANENT SHELTERS		.75 M
	TEMPORARY SHELTERS		.80 M
	HOMELESS HEALTH SERVICES		.85 M
TOTAL SPENDING FY1983 - FY1986			$20.55 M

*Based on information from the Department of Public Welfare, Office of Budget and Cost Control.

beds) for individuals and families, homeless people would be provided "a place to sleep and at least two meals a day while helping guests secure permanent housing."[1] State funds encouraged the development of emergency programs by covering 75% of program costs during the first year and 50% during subsequent years (Table 1.2-Shelter Resources For Families). After the start-up year, it was hoped the the shelters would be supported by a balance between community and state financial resources. The majority of programs developed under these guidelines currently limit a family's length of stay to 60 or 90 days and emphasize the necessity of connecting people to community services. Shelters are also encouraged to develop linkages to existing social service resources. However, guidelines ensuring that shelters would be staffed with social service personnel, as well as case managers, were not established.

Chapter 2 will discuss how the new shelters function as part of an emergency system and how they have responded to the needs of homeless families. As new information about the characteristics of these families has emerged[2,3,4,5], the perception of shelters as emergency facilities -- responsible only for providing temporary shelter, food, and clothing -- has changed. The changing role of emergency shelters within the collapsing housing market and the human service system will be described.

* * *

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[1]Department of Public Welfare, "Request for Proposal, Permanent Shelter Program", July 1985, p. 1.

[2]Paul McGerigle and Alison Lauriat, "More Than Shelter: A Community Response to Homelessness", Massachusetts Association of Mental Health and United Community Planning Corporation, 1983.

[3]Dale Mitchell and Ronna Bernstein, "Special Report: A Profile on Family Homelessness", Poor People's Budget FY1984, Meredith & Associates, 1986.

[4]"Boston's Homeless: Taking the Next Step", Emergency Shelter Commission and United Community Planning Corporation, 1986.

[5]E. Bassuk, L. Rubin, A. Lauriat, "Characteristics of Sheltered Homeless Families", American Journal of Public Health, September 1986, vol. 76, no. 9.

Table 1.2

Area	Shelter	Capacity	Population*	Length of Stay	Funding	Programs/ Staff for Children	Percent Requiring Supportive Housing**
Boston	Boston Family Shelter South End	35 beds	8-10 families	3-4 months	DPW	Family Life advocate	50%
	Cape Verdean Community House Roxbury	30 beds	9 families	3-4 months	DPW	Family Life advocate/ On-site Daycare	50%
	Crossroads East Boston	35 beds	8-10 families	3-4 months	DPW	Family Life advocate Children's Room Day Care	50%
	New Chardon St. Boston	45 beds	12-15 families	2-3 months	DSS	Recreation workers (2) Playroom	15%
	Project Hope Dorchester	20 beds	4-5 families	3 months	Private	Family Life advocate Playroom	N/A
	Roxbury Corps Roxbury	17 beds	4-5 families	3 weeks- 3 months	DPW	None	N/A
	Roxbury Family Roxbury	35 beds	8-10 families	2-3 months	DPW	None	5-10%
	Sojourner House Roxbury	20 beds	4 families	4 months	Private	None	75%
Greater Boston	Shelter Inc. Cambridge	20 beds	2-3 families	2-3 weeks	DPW	None	50%
	Pathways Framingham	35 beds	8-10 families	2-3 months	DPW	Family Life advocate	N/A
	Quincy Inter-faith Sheltering Coalition	44 beds	2 families	2-3 months	DPW	None	N/A

Area	Shelter	Capacity	Population*	Length of Stay	Funding	Programs/ Staff for Children	Percent Requiring Supportive Housing**
Central Massachusetts	Abby's House Worcester	10 beds	3-4 families	Maximum 10 days	Private	Daycare	100%
	Boothe House Leominster	28 beds	8-9 families	2-3 months	DPW	Family Life advocate	50%
	Friendly House Worcester	25 beds 2 cribs	7 families	1 month	DPW (temp.)	Recreation room	10-50%
	Youville I + II Worcester	40 beds	12 families	2-3 months	DPW	Family Life advocate	75%
Southern Massachusetts	Attleboro Family Resource Center Attleboro	27 beds	5-6 families	3 weeks - 1 month	DPW	Education program Family Life advocate Tutoring/movie series	100%
	Hyannis Shelter Hyannis	18 beds	4-5 families	2-3 months	DPW	Child Development room (Montessori) Family Life advocate	N/A
	Mainspring Brockton	70 beds	11 families and individuals	3 months	DPW	Family Life advocate	N/A
	David Jon Louison Brockton	23 beds	5-6 families	2-3 months	DPW	Family Life advocate	N/A
	Reinhart Emergency Center New Bedford	30 beds	9-10 families	4-6 weeks	Private + DPW (temp.)	None	90-100%
	Shelter Care Fall River	32 beds	4-6 families and individuals	2-3 weeks	DPW	None	60%

Area	Shelter	Capacity	Population*	Length of Stay	Funding	Programs/ Staff for Children	Percent Requiring Supportive Housing**
Northern Massachusetts	Community Teamwork I Lowell	20 beds	4-5 families	2-3 months	DPW	Family Life advocate	N/A
	Inn Between Peabody	20 beds	5 families	1-2 months	DPW	Family Life advocate	N/A
	Lawrence Shelter Lawrence	45 beds	2-3 families & individuals	1 week	DPW + Div. of Alcohol	None	N/A
	Lazarus House Lawrence	28 beds	5-6 families & individuals	3 nights-3 months	Private	None	75-80%
	Wellspring Gloucester	10 beds 2 cribs	4-5 families & individuals	2-3 months	Private	None	75%
Western Massachusetts	Jessie's House Northampton	20 beds	4-6 families & individuals	2-3 months	DPW	Family Life advocate	75%
	Loreto House Holyoke	8 beds	3 families	Indefinite	Private	None	75%
	Main Street Shelter Holyoke	28 beds	7-10 families	2-3 months	DPW	Family Life advocate	20%
	Prospect Street Shelter Springfield	20 beds	4-5 families	1 week - 1 month	DPW	Family Life advocate	70%

*Exact number of families varies as a function of family size.
**According to estimates by shelter providers during MCCY interviews.

CHAPTER 2

HOMELESS FAMILIES: THE SHELTER POPULATION

"I have long believed that the development of a child does not begin the day he is born - or at age three- but much earlier, during the formative years of his parents."

Edward Zigler, former Director
U.S. Office of Child Development

CHARACTERISTICS OF SHELTERED FAMILIES

Using data from a research study of 80 sheltered homeless families in Massachusetts, including 151 children,[1] policymakers and advocates can better define the characteristics and needs of families living in family shelters statewide. The following section describes these families. Aside from variations in ethnicity and marital status, only slight differences distinguished Boston from non-Boston shelter residents. Therefore, we describe the residents of shelters in the city and outside the city together.

Overall, the mothers' median age was 27 years. The families generally were female-headed, consisting of a mother and 2.4 children.

The differences between these populations are broken down as follows:

Boston Families

- Nearly two-thirds of the population were Black (63.3%), one-third were White (32.7%), and 4% were Hispanic
- Fifty-seven percent of the mothers were single, 40% were divorced, separated or widowed, only 2% were married.

Non-Boston Families

- Seventy-one percent were White, 16% were Black and 13% were Hispanic.
- More than one-fourth of the mothers were single, one-half were divorced, separated or widowed, and almost one-fourth were married.

Throughout the Commonwealth, 60% of the mothers had 1 or 2 children and these children lived with them at the shelter.

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[1]Bassuk et al., *op cit.*

The remainder had 3 or more children; some stayed with them at the shelters while others were living with relatives or friends or were living independently. The median age of the mothers at the birth of their first child was 19 years of age. Nearly 15% of the women were pregnant at the time of the interview.

Forty-one percent of the mothers had not graduated from high school, 37% were high school graduates and 20% had some college or technical schooling. Nearly two-thirds had never held a job or had only worked for a few weeks to 1 month at a time. The remainder had held stable jobs or were currently employed. Nearly all (91%) of the mothers in the shelters were supported by Aid To Families with Dependent Children (AFDC), and the majority had been receiving this subsidy for 2 to 4 years. Thirty-two percent of the mothers had been receiving AFDC for over 4 years.

Most homeless mothers had long histories of residential instability before arriving at the shelters. The data differ for Boston and non-Boston families; non-Boston families were more likely to have previously stayed in an emergency facility. The families generally arrived at the shelter after living in a series of temporary and unstable accomodations. Among non-Boston families, 48% came from apartments or houses which they shared with relatives or friends, 13% from DPW-supported hotel or motel accomodations, 7% from shelters and 32% from their own subsidized or non-subsidized housing. In Boston, almost one-half (44%) came from apartments or housing which they shared with relatives or friends, 36% came from DPW-supported hotel or motel accomodations, and 20% from other shelters. The remainder (6%) had lived in their own housing.

Most families had moved an average of 3-4 times in the year prior to coming to the shelters--a fact that further demonstrates the precarious nature of the families' housing situations. Over the preceding 5 years, nearly all (85%) families had been doubled-up with family or friends; nearly 50% had lived for periods of time in hotels or motels; 25% had lived in other shelters; and 10% had lived on the streets, in abandoned buildings, cars or other makeshift arrangements.

Most mothers grew up in large families -- half of the women came from families in which there were 3 to 7 children and one-fourth had 8 or more siblings. When mothers discussed

their parents' problems, poverty was mentioned more often than other problems, such as physical and mental illness and alcoholism. Two-thirds of the mothers experienced a major family disruption during their childhoods, such as separation or divorce, parental death, and placements by the state. The majority of these disruptions took place when the mothers were young: 41% had been 5 years of age or less, 22% between 6 and 11 years of age and the remainder had been 12 years of age or older. One-third of the mothers reported having been abused during their childhoods. Almost one-quarter of the women interviewed acknowledged past or present involvement with the Department of Social Services because of possible child abuse or neglect.

Most mothers at the shelters had either 1 or 2 important relationships with men but the relationships were problem-ridden and difficult to maintain. When asked what kinds of problems these men had, the majority of the women reported at least 2 or 3 major difficulties, including (in descending order), poor work histories, alcoholism, violent behavior, involvement with drugs, criminal activity and infidelity. Although, at the time none of the mothers interviewed were in battered women's shelters, roughly half had histories of being battered by men. In addition to their relationships with men, women were asked about their "support networks", that is, the people whom they count on for friendship or help. The responses indicated that the networks were sparse or non-existent. More than two-thirds of the women could name only 2 or fewer supports; roughly half of these could name no one. A surprisingly large percentage of women (26%) named their children as the major support.

Less than half (43%) of the mothers reported current involvement with a social welfare or housing agency while they were living in the shelter. (Involvement was defined as at least 1 contact, including by telephone, with a service provided). When asked to rate the agencies they had been involved with, over two-thirds of the women expressed negative feelings (e.g., "not at all helpful") about the Department of Social Services (DSS) and nearly half expressed similar feelings about the Department of Public Welfare. Although more than half of the mothers had had contact with mental health providers, few had had contact within the past year. In contrast, the shelters were viewed very positively: over three-quarters of the mothers felt that the shelters and their staffs had been very helpful to them and to their children.

PRECIPITANTS OF FAMILY HOMELESSNESS

Unstable housing, poverty, early family disruption, poor relationships with men, and lack of supports are all underlying causes of family homelessness. Another critical factor is the event that precipitated the loss of a stable home and that led to the current episode of homelessness. The acute precipitant for the largest percentage (24%) of families was the legal loss of real estate, e.g., eviction, failure to pay rent, the sale of buildings, or condominium conversions. Twenty-one percent became homeless as a result of breaking up with a non-battering man while 13% left a relationship as a result of battering or abuse. Emotional crisis in the family, for example, death, mental breakdown, or loss of an important family member, accounted for a smaller percentage (10%). Overcrowding was the acute precipitant for only 7%. The same percent cited the inability to get along with those with whom they had been sharing living space. Three percent of the women cited alcohol or drug abuse.

Finally, for a small yet significant percentage (14%), homelessness had been a chronic condition resulting in years of instability and lack of permanent housing. For these women and children, short temporary stays at shelters, hotels, friends' apartments and any other available places had become a way of life.

INTERVIEWS WITH PARENTS AND THEIR CHILDREN

Bassuk, Rubin & Lauriat interviewed 151 children living in Massachusetts shelters; 59 children resided in shelters outside the Boston area while 92 children resided in Boston shelters. While interviewing homeless parents and children, researchers used various clinical measures including the Denver Developmental Screening Test, the Children's Manifest Anxiety Scale, Children's Depression Inventory and the Achenbach Behavior Checklist. The following section describes research findings and case histories of the 151 sheltered children.

Demographics of the Children

Of the sheltered children interviewed, roughly 50% were female and 50% were male. They ranged in age from 6 weeks to 18 years, with approximately 65% aged 5 or under. Forty-six percent of the children were Black, 46% were White, and the remaining 7% were Hispanic.

Findings: Infants

The Denver Developmental Screening Test applies to children 5 years and younger. The test screens for developmental lags and indicates a need for further assessment and referral. The Denver establishes norms that identify when children of a certain age have mastered various developmental tasks. It evaluates gross motor skills, fine motor skills, language, and personal and social developments. Eighty-one sheltered children were given the Denver. Researchers administering the test failed a child if he/she was unable to complete a task that 90% of his/her peers were able to complete. Two failures in one major area indicated a need for referral.

On the Denver Developmental Test 47% (N=38) of the children failed in one major area (e.g., 17% of the children failed the gross motor skills and 15% failed on fine motor coordination) while 33% (N=27) failed 2 or more areas. Eleven children failed in all 4 areas. Deficits in language development and personal social development were more extensive: 36% of the children demonstrated verbal delays, and 34% could not complete the personal and social developmental tasks. Numerous studies have indicated that children growing up in poverty manifest deficits in language skills. However, the fact that one-third of all homeless children studied had difficulty not only with language skills but in motor and/or personal and social development as well, is very alarming.

Findings: School Age Children

Two tests were used to measure anxiety and depression in school age children, the Children's Manifest Anxiety Scale and the Children's Depression Inventory. The former is a 37-item checklist requiring the child to circle "yes" for statements that seem true about him/herself; scores are obtained by assigning 1 point to affirmative answers and adding the points up for a total score. The Depression Inventory is a 29-item paper and pencil test in which a child is asked to check statements that most reflect how he/she has been feeling in the previous 2 months. For example, "I am sad once in awhile", "I am sad many times", "I am sad all the time", etc. Scores are obtained by adding the points for each item (e.g., 0 for "not depressed" to 2 for "most depressed").

Findings from the Children's Manifest Anxiety Scale and the Children's Depression Inventory demonstrate that almost half of school age children interviewed were extremely anxious and depressed. Forty-eight percent scored greater than the mean on the Manifest Anxiety Scale, indicating that they were experiencing high anxiety. Similarly, the results of the depression scale indicated that almost one-third of the children had presumptive evidence of clinical depression. Over half required further evaluation. Finally, during the interview several school age children said they had thought about suicide but it appeared that there were no serious plans to follow through on these thoughts.

School Performance

According to parents interviewed, all of the school age children in shelters were currently attending school. Shelter providers, however, stated that in the course of moving from one shelter to another or of entering a hotel/motel, children often miss several days and even weeks of school. Moreover, depending upon the geographic distance between the family's residence just prior to becoming homeless and the shelter or hotel/motel, children sometimes must begin classes in an entirely different school system.

Children interviewed in the study by Bassuk et al. manifested various school problems. Fifty-three percent of the children were failing or doing below average work, 43% had already repeated a grade, 24% were in a special class and an additional 9% were described as having possible school problems. When asked if their children had academic or other school problems, 50% of the parents answered affirmatively.

Remarkably, despite the upheavals associated with homelessness, 35% of the children continued to maintain average work at school. Overall, the majority of parents perceived their children's school problems as beginning with more recent events, including the move to the shelter, while 14% cited long-standing problems.

Agency Involvement

Despite the prevalence of emotional and developmental difficulties among sheltered children, only 17% of the children 5 years and younger were enrolled in infant stimulation, day care or Head Start programs and less than 10% of the overall sample were receiving counseling.

CASE HISTORIES

As the data reflect, 47% or nearly half of the homeless children studied were experiencing developmental or school-related difficulties. Fifty-three percent of the children tested did not demonstrate these difficulties. The following case histories will serve to illustrate the serious needs of some children and contrast the results of early intervention in one case.[2]

Cindy: 5 months old

Cindy, an already physically abused infant, was listless, depressed, floppy and unresponsive when first interviewed in the shelter. She did not smile or cuddle when held. Cindy's mother expressed her feelings of inadequacy in being able to feed and care for her daughter. The shelter staff corroborated this and reported that Cindy recently had been fed spoiled milk and that she had an infected diaper rash. Cindy was the second of her mother's children. Her 3-year old brother lived with his maternal grandmother. Cindy and her mother had lived there but left as a result of a family argument. The grandmother reported her daughter to DSS for being abusive and neglectful of her children. Cindy's mother had never worked or lived independently. She was now involved with a homeless man recently released from a state hospital. She had no idea what direction to take and no energy to care for her daughter. Cindy was unable to complete any age appropriate items on the Denver Developmental Test.

William: 13 months old

William is the son of 22-year old Joan, who came from a middle class Catholic family. Joan graduated from secretarial school and held a steady job until her son's birth. Her husband, a computer programmer, began to deal drugs and they were soon living an extravagant lifestyle. This collapsed when her husband was arrested and sentenced to a 6-year jail term. Joan became very depressed, hated being alone and stated that only William kept her going.

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[2]E. Bassuk, L. Rubin, "Children Without Homes: A Growing National Tragedy",(unpublished manuscript).

She began using cocaine and drinking heavily. Finally she was referred to the Department of Social Services and legal action was taken to ensure William's well-being. The fear of losing William prompted her to seek treatment. Shortly thereafter she was evicted from her apartment for non-payment of rent. Lonely and unsure of what to do next, Joan turned to the shelter and stated that she used it as a half-way house.

When seen by the interviewers, William was a pale, large and chubby little boy with a broad and ready grin. He sat immobile exactly where his mother placed him until the examiner enticed him with a colorful rattle. He purred appreciatively but uttered no discernible words, like baba, dada, mama. He could crawl but was unable to stand or walk. William could not scribble or build a 2-block tower. Overall, William was about 7 months behind in gross motor, fine motor and verbal development. Though William received routine medical care, he was not in day care.

Amanda: 3 years old

When interviewed at the shelter Amanda was a small, thin and energetic 3-year old. She was born with stomach problems and was a low birth-weight baby. The hospital had referred her to an infant-child program that included weekly visits with a nurse, a child development specialist, and a counselor for her mother. All of these services were provided in the home and were continued in the shelter.

On the Denver Screening Test, Amanda scored 1 year above her age in verbal and personal-social development. She was slightly above age level on gross motor and fine motor skills. Amanda was very proud of herself, clearly feeling competent. When she successfully completed each task her mother expressed obvious pleasure. She told interviewers that Amanda was very smart and that she had worked very hard with her teachers. Counseling for her mother also had been helpful. She felt that her counselor was interested in her and had helped her understand how her past affected her now. Though she had been a high school dropout, at age 24 she now was completing her high school equivalency exam and training for secretarial work. Amanda's mother had been abused and sometimes felt so frustrated she feared she would hit her daughter. Although she expressed these fears, the various interventions helped her deal more appropriately with her neediness, anger and frustration.

Tom: 9 years old

Tom was described as a sweet-faced boy who was instantly friendly and cooperative. He agreed to answer all the interviewer's questions. However, as the testing proceeded he became more and more agitated. When asked to respond to the anxiety measure, Tom first made disparaging comments about the items, e.g., "that's stupid". His frustration mounted even when asked less threatening questions; finally he became so agitated that it was impossible to complete the questionnaire.

Tom's mother, Gina, who was sitting across the room, commented that since his father had deserted the family Tom had become increasingly aggressive and abusive. Tom now reminded her of her own father, an abusive man who had made her childhood miserable. In fact, she had gone out of her way to marry a man who was exceedingly passive to assure that he would not become violent. Although Gina had 2 years of college, emotional problems prevented her from working and from caring for Tom and his older and younger siblings. She had been hospitalized twice for depression.

At this point in the interview Tom belittled his mother and kicked his brother. His mother then reported that Tom, always a problem in school, was now doing worse than usual--getting into many fights with his peers. Though Gina knew that her son was getting worse she had no idea what she might do to help him--other than to find her husband.

Robert: 12 years old

Robert, an overweight boy, was persistent in his wish to be the first one in his shelter to be tested. He scouted out the shelter trying to find a private place and finally settled on a top floor landing. Robert was extremely attentive to the tasks he was asked to complete. He immediately told the interviewer he hated school and was bored, and he worried that his schoolmates would discover he had no real home. He hated the shelter and the other children there and spoke wistfully of the family's last home in a trailer. His response to 2 questions on the depression scale necessitated further discussion. When asked a question about how he looked, Robert checked "ugly", the worst possible of 3 responses listed. He also said that he often thought about killing himself and would do so if he

had the chance. He was not sure how he could carry it out but clearly felt desperate enough to hold it as an idea. Robert further stated he had no friends, had already repeated a grade and was now failing again in school. He was constantly teased by peers and criticized by adults. Finally, since coming to the shelter he had difficulty sleeping because of unfamiliar sounds and violent nightmares.

As Robert sat on the steps he was interrupted by a group of children who described Robert as a thief who had to be watched at all times. They were followed by a mother who grabbed a comb out of Robert's hand, accusing him of stealing it from her daughter. She told Robert angrily that she would make sure he never stole anything from her family again. All the while, Robert sat motionless and spoke only once to insist that the comb was his.

Sheila, Robert's mother, reported that she and her 4 children had been homeless for 1-1/2 years. She had been evicted after her boyfriend had threatened the neighbors. The family had come from the Midwest where they had lived in a trailer with Robert's abusive and alcoholic father. Though Sheila worked most of her life, she became depressed after a fifth child died. Since the family's eviction they had not lived in any place longer than 3 months. Because of the distress Robert was experiencing, interviewers talked to his mother and shelter staff about making a referral to a mental health clinic for counseling. Fortunately they found that Robert had recently been referred to a local clinic and had just begun counseling.

DISCUSSION: MULTI-PROBLEM FAMILIES

What do the previous findings suggest about the characteristics and needs of homeless families in the emergency shelter system?

First, many homeless families need more than food, shelter and clothing. As data from Bassuk and various other sources suggest, a distinct subgroup of homeless families have a constellation of multiple problems which can be characterized as serious, complex and chronic.

Second, a high number of children living in the shelters have critical social, emotional and intellectual needs which remain unaddressed. They manifest developmental delays, poor school performance and severe anxiety and depression.

In her recent book, Working With Multi-Problem Families, Lisa Kaplan of the Northeastern Family Institute (Boston) describes the multi-problem family as one with "a multiplicity of problems cutting across many dimensions of family life which it can neither handle itself nor find help in services available in the community". Kaplan points out that these families often have little ability to cope with their problems, a characteristic that distinguishes them from other families.

Although multi-problem families differ in family size, structure, geographic location, presenting problem and agency involvement, most have both internal and external problems. Internally, the multi-problem family appears disorganized or, as Aponte suggests, organized in a dysfunctional way.[3]

Among the external problems of multi-problem families may be economic, educational, or vocational. Often these problems are related to the inability of the family to get its needs met by community agencies. The family may be unaware of how to access services or is overwhelmed by an often complex or confusing service system. They may also feel angry about past agency encounters. As Kaplan states, "multi-problem families are often isolated and alienated, possessing few, if any positive support networks. Most live in environments with many day-to-day stresses such as high crime, drugs, poor housing, health problems and financial difficulties".

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[3]Harry J. Aponte, "Underorganization in the Poor Family" Family Therapy: Theory and Practice, Philip J. Guerin, Jr. (ed.), New York: Gardner Press, 1976, pp. 432-48.

The multi-problem family is characterized by chronicity and frequency of crisis. In most cases, family members have been experiencing difficulties for quite awhile. The multi-problem family typically requests assistance when a crisis occurs, and ceases contact with an agency until there is another crisis.

According to Kaplan, in general, services tend to meet a specific need of one family member, but the focus is not on the family as a whole. No attempt is made to develop an ongoing relationship between the agency and the family; only the crisis is addressed.

Various programs specialize in working with multi-problem families.[4] These vary in target population, e.g., families of preschool youngsters, adolescents, children at risk of child abuse and/or neglect, etc. They may operate in urban, rural or suburban communities. Some have an individual counselor working with a family while others employ a team approach.

An approach which MCCY believes holds the most promise for addressing the complex and multiple needs of homeless families is the use of multidisciplinary case management teams for the purposes of comprehensive assessment, case planning, coordination and follow-up.

The Multidisciplinary Approach

Multidisciplinary teams for case assessment and planning are not new. The C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect in Colorado first utilized the model in 1970 to assess the complex needs and required services of families in which child abuse had occurred.[5] Multidisciplinary teams for this purpose have since been implemented around the country

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[4]The Urban Family Center (U.F.C.) in New York has been serving homeless families who are multi-problem since 1972. For more information see: D. Kronenfeld, M. Phillips, V. Middleton-Jeter, "The Forgotten Ones-Treatment of Single Parent, Multi-Problem Families in a Residential Setting", U.S. Department of Health and Human Services, Office of Human Development Services, Washington, DC, 1981.

[5]Teams for this purpose are mandated in Colorado under the Colorado Revised Statutes 19-10-109.

on a statewide basis. Connecticut and Florida have statewide systems of multidisciplinary teams and teams are also working extensively in Iowa, Minnesota, North and South Dakota, Utah and Wyoming.[6,7]

The utilization of multidisciplinary case assessment, planning and coordination is not unique to this particular problem. Other populations with complex needs that span medical, psychological, educational, and social services have benefited from this approach, e.g., special education children. The philosophy underlying the use of multidisciplinary teams is that many families and individuals have multiple problems that require assessment by a broad range of professional disciplines and/or agencies. Teams are organized when:

1. Personnel of one discipline recognize the need for services they lack the skills to provide, and/or
2. Problems extend beyond one discipline's competence.

Exact details related to staffing and objectives depend upon the particular population and/or problem(s) multidisciplinary teams are designed to serve. In some areas, teams are professionally coordinated. Standing membership includes, but is not limited to, a state social work supervisor, a public health nurse, a private agency social worker, an attorney, a psychiatrist and a pediatrician. Other members brought in on a case-specific basis may include, a school principal or lawyer, for example.

Funding for teams differ depending upon the state in which they are organized. For example, Connecticut has a public/private partnership in which the state funds each team coordinator and the private sector contributes in-kind staff/services. Florida, on the other hand, has a network of teams consisting of full-time members all of whom are paid for under contracts between the state and nonprofit agencies.

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[6]J. Whitworth, "Ages and Stages of Child Protection Team Building", Florida Department of Health and Rehabilitative Services, 1986.

[7]"Connecticut Children's Protection Project, Multidisciplinary Child Protection Team Guidelines", Connecticut Department of Children and Youth Services, 1981.

According to the "Connecticut Children's Protection Project Multidisciplinary Child Protection Team Guidelines", the objectives of the team approach are:

1. To share information, and, based on that shared information

2. To develop a coordinated, comprehensive and practical community intervention

3. To promote community awareness of the needs of vulnerable families

4. To identify gaps in community services

5. To improve communications between disciplines and agencies.

By providing consultation and expertise from many disciplines, multidisciplinary teams identify the range of needs present among parents and children, develop a concrete, coordinated plan of action and, through the use of existing public/private resources, oversee proper implementation of that plan.

A discussion of the use of multidisciplinary case assessment, planning, coordination and follow-up with the subgroup of multi-problem homeless families will be included in the final chapter.

NEEDS MET BY THE SHELTERS

In the previous sections, we briefly reviewed the growth of shelters for homeless families and described the population served. Based on MCCY interviews with 30 shelter directors, this section will describe the functions which the shelters are fulfilling and the needs they are meeting.

Shelter Size

As Table 1.2 shows, the size (number of beds and available space for families) of the shelters varies widely as does the demand for space. Overall, the demand exceeds available space. In Boston and the larger urban centers across the state, shelter staff turn away 10 to 20 families each week. In small towns, such as Gloucester and Attleboro, 2 to 3 families per week are refused shelter because of lack of space. A recent study found that last year in Boston alone, 780 families were turned away.[8]

All shelters carefully screen prospective guests and have in-house exclusion policies that delineate behaviors they feel their shelters are ill-equipped to handle. The most common reasons for rejecting families include: active drinking, use of drugs and severe mental illness. Other reasons for turning away families are histories of battering (for security reasons) and previous or potential child abuse. A few shelters turn away families if they feel that shelter rules might be difficult for them to follow. One shelter turns families away unless they can prove legitimacy of children through legal proof of marriage.

One of the shelters which enjoys a very strong positive reputation is also one of the most selective in the state. Staff explain that given the 60-day maximum length of stay, it is essential to find families who are strongly motivated and who have a high potential for finding stable housing. Since many families are turned away each week, this shelter can "afford to be selective" according to one of its staff.

While families currently sheltered are better understood, no comprehensive data is available that defines the needs of the families who are turned away. A significant percentage are placed in hotels and motels under the Commonwealth's

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[8]"Boston's Homeless: Taking the Next Step", Emergency Shelter Commission and United Community Planning Corporation, 1986.

Emergency Assistance Program (EA). Given the existing rules, it is possible that families with the most profound problems may never find haven in shelters. This suggests that the Bassuk report underestimates the severity of emotional and/or developmental problems present among many homeless families. Furthermore, while clinical interviews have been conducted at selected welfare motel sites, no such data have been gathered in the welfare motels of Boston and some other large cities. To assess accurately the number and needs of the overall population, this information should be sought and should include an analysis of families turned away from the shelters.

Staffing

Various rudimentary functions must be performed to keep a shelter open and running smoothly. Adequate staffing must exist to meet these multiple needs. Indeed, the Department of Public Welfare in establishing its guidelines for funding, suggests that the shelters hire adequate staff and offer the following essential services: intake and referral, evaluation of each family's housing needs, and assistance in obtaining benefits and family life services, such as parenting skills, budget management, school adjustment and child care.

Most persons interviewed indicated that a director, assistant director and house manager are essential members of a shelter staff. Consistent with the notion that emergency shelters accomodate people for short periods of time until they find housing, most shelters have a staff person who provides "housing assistance" for the guests. Many shelters have also created direct service positions. These include social workers, counselors and case managers. At the time of the interviews, nearly all DPW-funded shelters were in the process of creating a new "family life advocate" position to be funded entirely by the Commonwealth. This individual would work directly with children and their parents. The family life advocate's role would be to identify and address parenting skills, childhood development and other associated problems and needs.

Titles and the number of positions describe only part of the staffing picture. A relatively small number of dedicated individuals, whose job descriptions may or may not cover direct service, accept the responsibility of caring for families with multiple needs and sometimes long-standing problems. It is critical to emphasize that the most

positive agency involvement for nearly every woman was her experience with the shelter agency. In large measure, this perception is based on positive relationships with shelter staff. Over 85% rated their experience as extremely favorable.

Services

Consistent with the needs of client families, every facility offers basic sheltering services (i.e., food, shelter and clothing) as well as other on-site services. In some shelters, the services are extensive and include counseling, training in parenting skills and in the acquisition of daily living skills. In these cases, the guests' participation is a critical element of the overall program. In other shelters, housing assistance programs are designed to resettle guests as quickly as possible. Two examples demonstrate the range of programs.

At a small shelter in western Massachusetts, which is affiliated and operated in conjuction with a religious group, the on-site services consist of job placement referrals, counseling and housing assistance. The volunteer house manager described how informal counseling meets the clients' needs. Families may stay at this shelter for as long as they need. Thus, staff members form important relationships with women and their children and come to understand the origins and extent of some of their needs. The staff feel that forming friendly and supportive relationships with the families is the most important service that they can offer.

In contrast, a shelter in southeastern Massachusetts offers a wide array of programs and requires each family to participate fully. Each weeknight different activities and/or programs are scheduled. Included in the programs are individual and group counseling, instruction on budgeting, pre-employment training, housing assistance, high school equivalency tutoring, alcohol and drug counseling, health and hygiene instruction, classes on food and nutrition, and exercise classes. Also included are special activities for school age children, such as educational tutoring, group counseling sessions for children only, and a Monday night movie series. With this intense level of organized activity, the sheltering program is designed to be of short duration. Most families stay only 3 to 4 weeks. The longest any family has been at this shelter is 7 weeks.

These 2 shelters represent different ends of the spectrum. Most sheltering programs operate somewhere in between. Overall, the types of programs offered throughout the sheltering system are similar, reflecting the homogeneity of perceived and observed needs. The numbers and refinements of these efforts are individualized according to each agency's focus. However, no consistent guidelines exist regarding training for shelter staff, safety, health, nutrition and other services.

The Search for Housing

Every family shelter has some kind of program that assists guests in locating housing. Most commonly, shelters provide counseling services which acquaint guests with local, state and federal housing subsidy programs and with methods for accessing these programs. Shelter staff members counsel guests on how to go about looking for an apartment and what to say and what not to say to landlords or housing authority personnel. In addition, several shelters provide guests with transportation. They also assist guests in filling out necessary real estate or housing authority forms.

Some shelters describe "budget planning" as a crucial part of housing assistance. This often includes withholding funds from AFDC checks in order to ensure that guests have enough cash for security deposits and last month's rents. It also includes teaching guests the basics of family financial planning so that once an affordable apartment is located, a family can successfully maintain it.

Finally, each family shelter describes its own method of locating affordable apartments in communities where vacancy rates range from 0% to 5% (rates that often reflect no vacancy at all). Shelter workers described a broad range of techniques, including knocking on doors, checking in with mailmen on a daily basis to find out when people are moving, scouring real estate ads, establishing personal relationships with large property owners and following up on all leads. When asked which techniques worked best for locating housing, many cited those above and added "magic wands", "a lot of good luck" or "prayer".

Access to Outside Resources

From the viewpoint of the women, public agencies' involvement in the shelters has been far from satisfactory. Directors and staff persons in the shelters corroborate this difficult situation and express frustration and anger that more is not being done. Recognizing the limitations of their own programs, shelter staff often look to outside resources for assistance.

Although exceptions do exist, shelters have minimal relationships with the vast array of state-level, service-providing agencies which could be serving shelter clients. The Department of Public Welfare (DPW) is rated the best by providers who feel that the agency fulfills its income maintenance function in a manner that is both efficient and responsive to multiple needs. DPW also receives praise from providers for allowing grassroots community groups and service providers to assess shelter needs and to design appropriate programs to meet them. Providers generally feel that DPW has been there to assist them and that, until recently, there has been a minimum of bureaucratic red tape.

One public/private project that has been providing support both to shelter guests and staff in the Boston area is the Boston Health Care for the Homeless Project (BHCHP). Funded for 4 years through a grant from the Robert Wood Johnson Foundation, with matching state funds from DPW, the project provides on-site health care to homeless individuals and families. One of the project's 3 teams, the Family Team, visits families in 10 shelters and hotels in Boston to assess health care needs, provide on-site episodic care as needed and make referrals for medical care.

In contrast to DPW, providers often describe their relationship with the Department of Social Services (DSS) as an adversarial one characterized by constant struggling to access services. They describe the common situation of having DSS workers refer clients to their shelters with promises of follow-up and continuing involvement. Once a family is accepted in a shelter, however, the case is almost always dropped by the DSS worker. Several shelter directors cite specific cases in which DSS intervention was desperately needed and earnestly sought but was not obtained.

One shelter worker describes the current situation as unworkable because the "care and protection" function of the

Department places mothers and DSS workers in a predictably adversarial relationship where other services offered become suspect.

The vast majority of shelter providers report no involvement whatsoever with the Department of Mental Health. Those who have had occasion to seek out mental health assistance for mothers or their children express frustration--particularly with emergency services. Several shelter providers mention that local mental health workers tend to refer inappropriate clients to the shelters for temporary housing.

In those few locales where ongoing relationships between shelter and state agencies have been positive and productive, the situation is dramatically different. For example, the Attleboro Shelter was developed by a coalition of public and private agencies and all referrals are made by these coalition members. After placing a family in the shelter the agencies continue their work with them and continue to provide support after the family finds housing. The director of the shelter says, simply: "Things could not work if not for the excellent working relationships with the Departments of Public Welfare, Social Services and Mental Health and the other private nonprofit agencies in the community". This points to the value of multi-agency, multidisciplinary coordination which was described earlier.

Aftercare

Few shelters provide follow-up support services for women and children after they leave. However, in places where such services are offered, they are regarded as critical elements of the sheltering program. In southeastern Massachusetts, one shelter has developed an elaborate system of aftercare. Staff members visit resettled families once a week during the first month after the shelter stay and once every 2 weeks for the next 3 months. They ascertain how well families are managing and whether or not services established during the shelter stay are still in place. As problems arise, the staff from the shelter help the families deal with them and involve additional community resources as necessary. In addition, shelter staff call the landlords where resettled families live to confirm that payments are made and that no problems have developed. They convey to each landlord that if problems should arise they want to be informed in order to take action to ameliorate the situation.

With this housing support, the shelter feels it can then help adults with the education and job training needed to eventually live without the meagre AFDC allotment.

Another example of aftercare exists at a shelter in western Massachusetts. It is a house rule that no AFDC checks can be forwarded to a new address for a period of 5 weeks. Women must come back to the shelter to pick up their checks; staff use this as an opportunity to find out how the family is doing. "As problems arise," a staffer points out, "this becomes a non-threatening opportunity for our former guests to seek our assistance. They always pick up their checks and often we can provide much more".

Other examples of informal efforts to help homeless families include the opening of a food pantry for former guests in one shelter and the start-up of a newsletter in another. As the efforts described above indicate, while most shelters do not have formal programs for aftercare, there is clearly a need for such follow-up. Virtually every shelter director expressed a desire to be able to do more in this area.

* * *

KEY POINTS

1. Over the past 3 years, the number of shelters for homeless families in Massachusetts has grown at a rapid rate. In 1983, only 2 such programs existed. Presently, the Commonwealth helps fund over 25 shelters for homeless families at an annual cost of approximately $6 million.

2. Shelters are specifically designed to meet an emergency crisis. They respond primarily to basic needs (i.e., food, shelter and clothing). In addition, they often provide life-saving respite for mothers and children from various untenable and abusive situations.

3. Although shelters are vital for homeless families, the majority of these facilities are not equipped, either physically or programmatically, to meet independently the complex and multiple needs of many of the families they are serving.

4. In light of the data which now exist describing the characteristics and needs of homeless families, and the length of time families remain in emergency shelters, these settings can no longer be regarded as merely emergency facilities. Because of their current functions, shelters must be regulated like other human service organizations. Whether we like it or not, shelters are currently operating as long-term facilities for distressed and sometimes seriously troubled families. In the absence of better housing alternatives, we must accept the fact that shelters are performing human service functions and will continue to do so in the foreseeable future. Similar to other human service agencies, this implies that shelters should be governed by established guidelines which clearly delineate mandatory requirements related to staffing, safety, health, nutrition, and services.

5. Finally, the relationship of shelters to long-term housing for homeless families and to established social welfare agencies must be clarified. At present, emergency shelters typically constitute the only "solutions" for homeless families. A long-term plan must be developed to locate and/or create more permanent housing and human service programs for homeless families. This plan should specify the roles and responsibilities of DPW, DSS, DMH, EOHS, and EOCD, particularly in regard to the existing shelter programs and the families they serve.

CHAPTER 3
THE HOTEL/MOTEL PROGRAM

"It is a most miserable thing to feel ashamed of home. ...that it is a miserable thing, I can testify."

from Great Expectations
Charles Dickens

THE HOTEL/MOTEL PROGRAM: INTRODUCTION

Homeless families not served by the network of public or private shelters are often placed in a hotel or motel room funded by the state and federal Emergency Assistance (EA) Program. The Massachusetts Department of Public Welfare provides some central coordination, but generally administers this program regionally. This chapter briefly examines the history and evolution of EA. It explains why homeless families first began using hotels and motels and how their numbers gradually increased. The chapter also profiles the population served, the available hotel and motel accomodations, and the services families are receiving. Using comparative figures from 1979 through the present, the overall costs to the Commonwealth of Massachusetts are also discussed.

Although EA originally served disaster victims, it has become in the 1980s a primary resource for homeless and potentially homeless families. As a preventive program, EA is vital. However, monies spent for emergency shelter are not a sufficient solution to the complex needs of homeless families. Despite laudable efforts by DPW and DSS to provide services to families living in hotels and motels, and to coordinate and implement housing searches, the critical needs of women and children in these settings frequently remain unmet.

USE OF HOTELS/MOTELS: 1969-1982

Emergency Assistance

As early as 1969, families were temporarily placed in hotels and motels at the expense of the Commonwealth. During that year, Massachusetts adopted its own version of the federal Emergency Assistance Program. According to Section 406(e)

of the Social Security Act, as amended, the federal government reimburses states for EA Programs at the rate of 50%. In brief, EA is available to families with children who meet AFDC financial criteria and who are faced with urgent and immediate needs. Though exceptions are often made, such assistance is available only once within a 12-month period. According to a 1983 policy report on homelessness prepared for the Senate Ways and Means Committee, the 4 basic components of the Massachusetts program are:

1. In cases of natural disaster or fire, a comprehensive range of services is available, including the replacement of furniture and clothing, food, emergency shelter and moving expenses.

2. Shelter and utility arrearages may be paid to prevent eviction or termination of service.

3. Temporary emergency shelter and assistance in renting a new residence can be provided.

4. Major home appliances such as stoves, refrigerators, and heaters may be repaired.

In addition to natural disaster or fire, the Massachusetts EA Program also offers emergency shelter to eligible families left homeless as a result of eviction, an order of the landlord to leave or a mortgage foreclosure.

Number of Families Served

In the early years of the EA Program, the number of families requiring emergency shelter remained low. The reasons for homelessness were generally confined to fires, floods, storms and other natural disasters. Families stayed an average of 2 to 3 days in a hotel or motel room. Following this period, they usually relocated to another temporary or permanent setting. In this process, families often received help from various sources including neighborhood organizations, churches, the Red Cross, Travelers Aid, the Department of Public Welfare or other social service agencies.

By the latter part of the 1970s and into the early 1980s, the number of families requiring emergency shelter

increased. Statistics from the Department of Public Welfare, as well as reports from other public and private agencies, support this conclusion.[1,2,3] Two major factors contributed to this increasing demand. First, the failure of welfare grants to keep pace with the average cost of living, and, second, the growing crisis in affordable housing.

Length of Stay

Between 1979 and 1982, the length of stay of families in hotels and motels began to increase. Changes in EA guidelines reflected this trend. For instance, in December 1979, the state EA regulation for emergency shelter read: "In cases of extreme emergency when no other shelter is available, as determined by the regional manager, hotels and motels may be used for no more than 1 week as a last resort measure. The hotel and motel paid for must be the least costly, reasonable accomodation in the area." One year later, the regulations specified that "hotels and motels may be used for a short period of time as a last resort measure. However, under no circumstances may shelter be provided for more than 30 days". In February 1982, maximum length of stay was shortened to 21 days but this limit lasted only 1 year. By February 1983, it returned to 30 days or $1,000, whichever came first.

Cost to the Commonwealth

Despite the larger number of families served for longer periods, spending for the EA program remained constant from FY1979 - FY1982. The average cost to the Commonwealth (before federal reimbursement) was $7.6 million per year. Average expenditures for "emergency shelter", however, totaled only $150,000 annually. Although a larger number of people were served, increases were offset by limiting the actual dollar amounts granted in any of the programmatic categories. Thus, by imposing caps on various services or benefits, overall expenditures for emergency assistance were contained.

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[1]"Management of the Family Housing Crisis in the City of Boston", United Community Planning Corporation (UCPC), 1978.

[2]"Shelter, Inc. Annual Report", Cambridge, Ma. 1982.

[3]"The Governor's Profile on Homelessness in Massachusetts", Governor's Advisory Committee on the Homeless, Boston, Ma. 1983.

USE OF HOTELS: 1983 - PRESENT

Chapter 450: "An Act To Prevent Homelessness"

By far, the most important event subsequently affecting both the number of families staying in hotels and motels and the overall cost to the Commonwealth was the passage of Chapter 450, "An Act Further Regulating Assistance to Needy Persons". This legislation, approved in October 1983 and effective immediately, was the result of persistent lobbying efforts by advocates, human service providers, the Dukakis Administration and the then chairperson of the Senate Ways and Means Committee, Chester Atkins.

Chapter 450 mandated several important changes which increased the capability of the Executive Office of Human Services to meet the needs of homeless and destitute individuals and families. Regarding the Emergency Assistance Program, Chapter 450 mandated the following changes:

- Removal of caps on the amount of Emergency Assistance paid for fuel, utilities, rent, mortgage arrearages, advance rent and security deposits
- Provision of emergency shelter to AFDC recipients for up to 90 days
- Extension of Emergency Assistance benefits to pregnant women with no other dependents in the first 2 trimesters of pregnancy, once pregnancy has been medically verified. (See Appendix A for a complete list of benefits available and categorial requirements).

For homeless or potentially homeless families, Chapter 450 now offers prevention through the provision of expanded benefits and post homeless services through an increase in the availability and duration of emergency shelter. It also helps homeless families relocate to permanent housing through increased monies for advance rent and security deposits. By offering families an alternative to overcrowded, abusive or otherwise untenable situations (e.g., living in cars, tents, trailers), the passage of Chapter 450 allowed homeless families to stand up and be counted. It also brought to light an array of difficulties and/or unmet needs previously unrecognized.

The Population

From the latter part of 1983 to the present, the number of families in hotels and motels has gradually increased. In July 1985, this count reached an all-time high of 537. Currently, between 425 and 450 families are sheltered in hotels and motels in Massachusetts. The average length of stay is 2 to 3 months, though nearly one-third remain longer than 90 days. During the summer of 1985, the Department of Public Welfare began collecting information on the population and computerizing it in its central office. The following description is based on this DPW data, as well as data from Bassuk, Rubin & Lauriat.

According to DPW statistics, families living in hotels and motels consist primarily of a single mother with an average of 2 children. Only 17% of the families served are headed by 2 parents. The remaining 83% are headed by a single parent. Of these, 98% are headed by a female. The average age of mothers is 27, with a range from 18 to over 50. The average age for men is slightly higher at 32. Children living in hotels/motels range in age from infancy to 18.

DPW data further indicate that, depending upon geographic location, family income averages $425 to $450 per month. Prior to becoming homeless, most families typically had been spending 57% to 60% of their monthly income on rent. Others spend as much as 70% to 85%.

Unpublished data from Bassuk et al. on the hotel/motel population largely support the DPW figures on family composition and income. The median age of mothers in welfare hotels was 25.5 years. Almost 90% of families were female-headed and only 11% were headed by married couples. The average number of children in hotel families was 1.5.

Based on interviews with 36 families and 54 children residing in hotels on the Cape or in the Tri-City Area (Medford, Malden and Everett), the unpublished Bassuk data further indicate that, in almost all respects, families staying in hotels and motels are not significantly different from those in non-Boston shelters. (See Chapter 1 for details). This is also true of data on the children.

Finally, entry and exit information from both shelter providers and DPW indicates that significant overlap exists between families who stay in public/private sheltering programs and those utilizing hotels and motels. Shelter

providers estimate that from 10% to 40% of their families exit into hotels and motels. Furthermore, DPW statistics from July 1985 to June 1986 report approximately 13% of families leave hotels and motels to go into shelters.

Accomodations

The average nightly cost for a hotel room is conservatively estimated at $50. Room rates vary depending upon the particular establishment and the geographic area in which it is located. Regardless of these differences, the Department of Public Welfare spends between $1500 and $1600 per month to shelter a single family in a hotel or motel room.

What does the hotel/motel offer? In most cases, rooms provide neither cooking facilities nor refrigeration. For a hot meal, families must either violate safety codes by "smuggling" a hot plate into their room or use the little money they have to eat in a restaurant. (Food Stamps cannot be used in restaurants). This means that families usually rely on canned goods, dry cereals and other non-perishable items for nourishment. Lack of refrigeration is particularly problematic for mothers with infants who must devise other methods for keeping milk or formula cold, such as using toilet tanks or coolers.

A disturbing outcome of these "catch-22s" is the fact that many mothers and children are now appearing in local soup kitchens in order to obtain a hot, nutritious meal. In Boston, St. Francis House reports an increase in the use of their food program by mothers and children living in nearby hotels.

Even if adequate facilities for food preparation were available, rooms seldom have a table and chairs on which meals might be served. Moreover, rooms often lack a sufficient number of beds and/or cribs for family members. Consequently, the management or the Department must obtain additional cots.

Another problem associated with hotel living is the obvious lack of space and privacy. Although exceptions exist, most family members must live together in the same room which may or may not include access to a private bathroom. Since the average length of stay for families is 2 to 3 months, with approximately 30% staying over 90 days, this is particularly difficult.

Ironically, isolation from a consistent network of resources and/or supports is another problem induced by the hotel/motel environment. Whereas shelters offer regular contacts with other families, staff persons and various resources, such as laundry facilities, a phone, meals and transportation, hotels provide a room and little else. Families live "behind closed doors", usually without access to common areas for recreation and/or communication.

Over 200 hotels and motels participate in the DPW program, although only half that number do so regularly. By far, the largest concentration of DPW-supported hotels and motels are clustered in Boston and on the Cape though virtually all areas of the state are represented. In other cities, such as New York, a few centralized "welfare hotels" each serve several hundred families. This differs from Masssachusetts where both the population and the hotels serving them, are smaller, remain scattered and are community-based.

Hotel owners are paid via the voucher system. Each week families report to the respective DPW area office where they must show proof of having pursued at least 2 potential sources of housing. ("Proof" may be a newspaper ad, a letter from a landlord, telephone numbers, etc.). Clients then receive a voucher which is passed on to the appropriate hotel/motel personnel. They, in turn, mail vouchers to the central DPW office for reimbursement.

Cost to the Commonwealth

As Table 3.1 demonstrates, from FY1983 to the present, expenditures for EA have increased dramatically. From FY1983 to FY1984, total spending nearly doubled. Since then, it has increased annually by approximately $10 million. Nearly two-thirds of all expenditures have been used for the prevention of homelessness (i.e., arrearages for fuel, utilities, rent, etc.) with the remaining one-third spent on post-homelessness services (i.e., provision of emergency shelter, advance rent and security deposits). The data also indicate that while the number of clients receiving prevention monies has remained relatively constant, the number of families receiving post-homelessness services has increased significantly.

TABLE 3.1

EMERGENCY ASSISTANCE (EA) EXPENDITURES
FY1983 - FY1986

	FY1983	FY1984	FY1985	FY1986
TOTAL EA SPENDING	7.0M	11.7M	21.4M	30.0M
PREVENTION:				
Utilities	4.4M	7.0M	7.7M	8.9M
Client Units Served/Month	1,877	2,175	2,036	2,644
Rent/Mortgage Arrearages	2.0M	2.6M	4.5M	6.2M
Client Units Served/Month	408	397	556	759
POST HOMELESSNESS:				
Emergency Shelters	.24M	1.4M	5.6M	8.6M
Client Units Served/Month	57	200	500	648
Advanced Rent/Security Deposit	.32M	1.7M	3.6M	6.2M
Client Units Served/Month	108	541	940	1,574

What accounts for these increases in EA spending? The Department of Public Welfare cites the following reasons:

- Chapter 450 (removal of caps)
- Tight housing market
- High fuel and utility costs
- Limited availability of public housing (less than 30% of AFDC clients have subsidies).

NEW INITIATIVES TO SERVE FAMILIES IN HOTELS AND MOTELS

DPW Housing Search Unit

In addition to the financial resources available through EA, families in hotels/motels are now receiving housing assistance and limited social services. These outreach efforts were first organized in July 1985 when, under considerable pressure from advocates and the media, DPW Commissioner Charles Atkins authorized the development of an internal Housing Search Unit for homeless families. The primary purpose of this unit was to reduce the hotel/motel count to 350 families and, in doing so, utilize 250, 707 rental subsidy certificates that the Department had purchased from the Executive Office of Communities and Development.

By the end of August, a staff of 9 individuals was hired and assigned responsibility for the following work plan:

1. Develop an automated referral and tracking system for homeless families

2. Develop a Homeless Specialist Unit at DSS

3. Develop an Outreach Program to identify available apartments

4. Develop an Outreach Program to encourage landlords to accept low-income clients and subsidy programs, and

5. Increase availability and utilization of 250, 707 certificates.

Under the instruction of EOHS, Commissioner Atkins further approved the transfer of $175,000 to the Department of Social Services for the purpose of hiring on a contractual basis up to 28 "homeless specialists" to work in the field with hotel/motel clients and to implement and expand services the Housing Unit had begun. Before this could be accomplished statewide, both DPW and DSS wanted to finalize an interagency agreement. The original deadline was September 1, 1985. Due to difficulties in establishing a performance-based contract, however, it was not until December 15 that the interagency agreement was finally signed. In the meantime, 2 groups of specialists were hired, 1 by DPW and the other by DSS. This led to coordination difficulties, overlapping caseloads and ambiguity regarding the job description of housing specialist staff.

As of February 1, 1986, the Department of Social Services took over directorship of the Homeless Specialist Program. At that time, the equivalent of 25 full-time homeless specialists were available and working with hotel/motel families. See Appendix B for areas and assignments.

DSS Homeless Specialists

Homeless specialist positions have been allocated to DSS areas identified by the Department of Public Welfare as having the largest number of homeless families living in hotels/motels and receiving Emergency Assistance. According to the interagency agreement, homeless specialists must provide housing search, placement and stabilization services. Their tasks include working with:

- Local housing authorities
- Private and public agencies
- Community service organizations and realtors to identify available apartments, and
- Families to educate them on how to obtain and use 707 and Section 8 certificates.

Homeless specialists also:

- Provide transportation or reimbursement for transportation to assist families in housing search activities, and
- Offer incentive payments of up to 1 month's rent to realtors and landlords who accept hotel/motel families.

Homeless specialists work with clients "for the period that the family remains in the hotel or motel until:

a. the family refuses services, in which case DSS will notify DPW, or

b. DPW notifies DSS that the family is no longer eligible". [4]

Stabilization is loosely defined as maintaining regular contact with all relocated families for a period of at least 6 months. Originally this entailed a weekly phone call and/or visit. Currently, homeless specialists reassess relocated families monthly.

Each homeless specialist should be following 20 families. However, because specialists work with resettled families and "walk-ins", caseloads are usually much higher. Depending upon the geographic area, they range from 30-50 families. All referrals come from the Department of Public Welfare. According to the interagency agreement, DSS must place 52 eligible families per month into permanent housing. For a placement to qualify, the family must remain in the unit for a minimum of 6 months.

Despite the existence of a formalized agreement, DPW and DSS have different expectations of what homeless specialists should do. This discrepancy reflects philosophical differences between the departments as well as the mandates under which each functions. Unfortunately, these differences effect the types of services families are likely to receive. Because DPW is primarily concerned with reducing the hotel/motel count, and thereby decreasing costs, it wants specialists to focus on housing search, placement and limited stabilization. In contrast, DSS, as a social service agency, believes homeless specialists should also do the following:

- Provide general information and referrals to needed community resources

- Assess parents' and children's social, educational, financial and medical needs

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[4] "Interagency Agreement Between The Department of Social Services and The Department of Public Welfare for Housing Support Services", November, 18, 1985, p. 3.

- Assist families in applying for DSS services and carry cases of families which voluntarily apply for service

- Serve as liaison with local DPW offices

- Work with families individually or in groups to help structure daily activities, reduce the stress of hotel/motel living, and prepare parents for the apartment/house hunting process.

Currently, DSS homeless specialists are trying to perform all of the tasks listed above and more.

Finally, in addition to funding DSS homeless specialists, in April 1986, DPW established 13 contracts with local, nonprofit and CAP agencies to offer housing search, placement, and stabilization services to families living in hotels/motels. These agencies receive $600 for each family they place in permanent housing. Under their contract, they are required to call DPW weekly over a 6-month period to notify the Department of how many families are still in permanent placements. In FY1986, DPW spent approximately $12,000 to maintain the 13 contracts.

IMPACT ON THE POPULATION

What has happened to families in hotels/motels since the inception of the Housing Search Unit and the Homeless Specialist Program? This section attempts to answer that question by using entry and exit statistics from July 1985 to June 1986, DPW hotel/motel progress reports and information from interviews and conversations with staff persons from both DPW and DSS.

In the past 8 months, over 1800 families have entered hotels/motels. Added to the 537 families already staying in these facilities on July 26, 1985, approximately 2300 families have entered hotels/motels since then. (Table 3.2). Roughly 1900 have exited to various destinations including public or private rental market units, shelters, family/friends, out-of-state placements or unknown locations (Table 3.3).

TABLE 3.2

NUMBER OF FAMILIES ENTERING AND EXITING MASSACHUSETTS HOTELS/MOTELS*
July 26, 1985 - June 26, 1986

Families in Hotels:		
on July 26, 1985	537	
since July 26, 1985	1,809	
Total families entering hotels July 26, 1985 to June 26, 1986		2,346
Families Exiting Hotels: July 26, 1985 to June 26, 1986		1,916
Families in Hotels: on June 26, 1986		430

TABLE 3.3

DESTINATION OF FAMILIES EXITING MASSACHUSETTS HOTELS
July 26, 1985 - June 26, 1986*

Destination	Number	Percentage
Private Housing	612	32%
Public Housing	54	3
Section 8	82	4
Chapter 707	236	12
Shelter	241	13
Family and Friends	317	17
Out of State	38	2
Whereabouts Unknown	336	17
	1,916	100%

*From the Department of Public Welfare "Housing Search Project FY86 Year End Report", covering the period July 26, 1985 to June 26, 1986.

According to DPW, approximately 50% of hotel/motel families exit into permanent housing; 32% private, 3% public and 16% enter units subsidized by 707 or Section 8 certificates.

A hotel/motel report released in January 1986 by DPW explains why so few families receive rental subsidies from the Commonwealth. Only 18% of families entering hotels/motels do so for reasons which satisfy the 707 eligibility criteria established by EOCD and based on local housing authority practices. The remaining 82% are ineligible. (Table 3.4).

Few families moving into permanent housing possess a 707 or Section 8 certificate. Prior to becoming homeless, the majority of families in hotels/motels were earning between $425 and $450 per month and spending 57% to 59% of this total on rent. An estimated 85% of families entering hotel/motels are AFDC recipients. Almost all remain on welfare upon exiting. At present, AFDC grants are at least 40% below the federally-established Poverty Level Income. For a family of 3 this amounts to $432. (See Chapter 4 for additional information on AFDC grant levels and their relationship to average cost of living in Massachusetts).

According to a recent study by the Massachusetts Executive Office of Communities and Development (EOCD), the average rent for a 2-bedroom apartment outside the City of Boston is approximately $660.[5] In other parts of the Commonwealth, rents range from $425 (Worcester) to $800 (Lawrence-Haverill) (See Chapter 4 for details).

In the first half of FY1986 the average monthly rent for apartments in which homeless families were placed through DPW and DSS housing search services was approximately $450.[6] Not surprisingly, the majority of relocated families are forced to spend well over 50% of their income on rent. This presents an enormous rent burden making it doubtful that in the long run families will be able to

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[5]"Survey of Private Rental Housing in Massachusetts", Prepared in Response to HUD's January 2, 1986, "Proposed Revisions to the Section 8 Program Fair Market Rents", March 14, 1986.

[6]Greater Boston Legal Services Plaintiffs' Requests for Admissions in Superior Court, Civil Case No. 80108, Massachusetts Coalition for the Homeless, et al., v. Michael S. Dukakis, et al.

TABLE 3.4

REASONS FAMILIES ENTER HOTELS/MOTELS:

ELIGIBILITY FOR 707 SUBSIDIES*

707 CRITERIA	N	%
Forced out of housing because of abuse	84	6
Forced out of housing because of fire	74	5
Uninhabitable dwelling	51	4
Health and safety code violations	22	2
Condominium conversion	9	1
	240	18
NON-707 CRITERIA		
Forced out of housing because of overcrowding	445	32
Eviction due to non-payment of rent	432	2
Incompatibility with housemate(s)	85	6
Move out-of-state	60	4
House sold	23	2
Other	78	6
	1,123	82
TOTAL	1,363	100%

*From the Department of Public Welfare "Housing Search Project Midyear Report" July 26, 1985 to January 3, 1986.

maintain themselves in their new living situations. Since at least 75% of families ineligible for 707 rental subsidies initially cited overcrowding or eviction due to non-payment of rent as precipitants of homelessness, one can only wonder if these same families, without additional income and/or supports, will once again cycle into homelessness. Given the income data of these families and average rents in Massachusetts, it is easy to see why many families are in a precarious position.

As stated in the DPW/DSS contract, all families placed in permanent housing are to receive 6 months of stabilization services. Unfortunately, due to heavy homeless specialist caseloads, this appears to be an unrealistic expectation.

Even the director of the program admits that workers often have to choose between addressing the immediate needs of client families and doing follow-up. Given the tasks before them and the number of families assigned, this outcome is not surprising.

A second issue raised by entry/exit statistics is the status of families who exit but do not find permanent housing. The data suggest that an average of 13% of all families go to shelters. This fact, coupled with the movement of shelter residents to hotels, indicates that a significant portion of the population is cycling among emergency settings. Since this group is not eligible for follow-up care, it is very difficult to know if and when the recycling stops and whether or not the family stabilizes.

The same is true for 17% of families who exit into doubled-up situations with relatives and/or friends. This group does not receive stabilization services and is likely to require emergency shelter again. Since over half of all hotel/motel families (ineligible for 707 certificates) cite overcrowding or incompatibility as a precipitant of homelessness, it is likely that this pattern will be perpetuated.

Finally, 2% of hotel/motel families move out of Massachusetts. For the remaining 17% whereabouts are unknown. In both instances, no follow-up occurs. Given the enormous stress involved in a transient lifestyle, and particularly its implication for children, the fact that so many families exit into precarious or unmonitored situations is very troublesome.

* * *

KEY POINTS

1. The overall cost of temporarily housing homeless families in hotels and motels is enormous. Currently, the Commonwealth pays an average of $1,350 to $1,400 per month and $16,000 annually to keep one family sheltered in this setting. Although Emergency Assistance (EA) spending is reimbursed by the federal government at a rate of approximately 50%, in the past 3 years Massachusetts has poured $14.5 million into the hotel/motel program.

2. Hotels/motels are inadequate facilities that provide families with neither a healthy nor humane environment. Often these settings are dangerous, unclean, overcrowded and isolated from both a supportive community and a network of reliable resources.

3. Hotels/motels do not meet the needs of children and, are extremely detrimental environments for child-rearing and effective parenting to take place. Currently, an estimated 1,000 infants and children are staying in hotels/motels statewide.

4. The average length of time families remain in hotels/motels is approximately 3 months. An estimated one-third of all families stay for 90 days or more.

5. Statistics from Bassuk, et al. and the Department of Public Welfare indicate that a significant overlap exists between families staying in shelters and those staying in hotels/motels. Given shelter rules and EA regulations, this suggests that many families are cycling between these 2 settings. Although no comprehensive data has been gathered which tracks the total length of time families remain homeless, studies indicate that episodes of homelessness often last anywhere from several months to years. (See Mitchell, 1980; McGerigle, 1986; and Bassuk, 1986).

6. Finally, the special Housing Search Unit at DPW has instilled some hope into this gloomy picture. The effort has facilitated the movement of homeless families out of hotels/motels and into permanent housing. It has also resulted in the delivery of important social services. However, several problems exist:

a. DSS homeless specialists are overburdened. Caseloads are too high and significant ambiguity exists regarding the specific responsibilities of these workers vis-a-vis the homeless families themselves, DSS and DPW.

b. Despite the hiring of 25 full-time homeless specialists, many families in hotels/motels do not have a worker.

c. The majority of families placed in permanent housing are paying over 50% of their income in rent, well above the 30% considered reasonable.

d. Due to strict eligibility requirements, only a very low percentage of homeless families have received 707 certificates. This largely contributes to relocated families facing unmanageably high rent burdens.

e. The 6-month stabilization period outlined in the DPW/DSS interagency agreement is a positive next step but is far too brief. Moreover, no definite criteria for stabilization exists. In order to remain in their relocated settings, many families will require 1 to 2 years of follow-up care. Finally, stabilization services should be offered to all families exiting hotels/motels, not only those who moved into permanent housing.

CHAPTER 4
BENEFITS

"After paying for food, clothing, utilities and rent, an AFDC family of three has less than $2 a day for all other needs."

from The Facts About Welfare: Being Poor in Massachusetts - Department of Public Welfare

BENEFITS: INTRODUCTION

Chapters 1, 2, and 3 indicated that over 90% of sheltered families and approximately 85% of families in hotel and motels are headed by single women whose primary source of income is Aid to Families with Dependent Children (AFDC) - generally referred to as "welfare". This chapter describes AFDC along with 2 other potential resources for homeless families, the federally-funded Food Stamp Program and the Women, Infants and Children Supplemental Food Program (WIC).

Chapter 4 weighs the adequacy of the existing AFDC packages against the federally-established Poverty Level Income for 1986 and median rents in Massachusetts. It also discusses the availability and use of rental subsidies and the extent to which they may or may not help AFCD recipients compete in the present housing market.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

AFDC is a needs-based, cash-assistance, entitlement program administered by the Commonwealth under the Department of Public Welfare and reimbursed by the federal government at the rate of 50%. This program serves financially-eligible families with dependent children who have suffered the death or disability of a parent or wage earner, or whose single parent head cannot work or provide financially for the family. The four deprivation factors which determine eligibility are unemployment, underemployment, loss, or incapacity of a wage earning family member.

Under Chapter 398 of the Acts of 1984, AFDC is also available to pregnant women with no dependents who are in their first or second trimester of pregnancy. Eligible families must meet strict criteria about income and assets to qualify for this type of cash assistance.[1]

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[1]"The Facts About Welfare: Being Poor in Massachusetts", Department of Public Welfare, 1985, pg. 34.

Along with a monthly cash grant, AFDC recipients automatically receive Medicaid and an annual clothing allowance of $125 per dependent child. Families are eligible for Food Stamps depending upon net income and number of persons in the household. As described earlier, Emergency Assistance is also available.

Like the Food Stamp allotment, AFDC cash grants vary according to family size. At present, the monthly AFDC grant for a family of 3 is 43% below the federally-established Poverty Level Income for 1986.[2] As Tables 4.1 through 4.4 illustrate, monetary assistance available under both AFDC and the Food Stamp Program remains well below the federally-established Poverty Level Income for 1986.

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[2]As this report goes to press, 2 recent developments appear likely to result in an improved AFDC package. First, the FY1987 State Budget includes a 10% increase in the standard of need; a $25 dollar increase in the clothing allowance; and a $15/month rent supplement for recipients not living in public or subsidized housing. Second, on June 26, 1986, Superior Court Judge Charles Grabau ruled that "current AFDC benefit levels violate a state law requiring the benefits to be sufficient to allow parents to bring up their children in their own homes". (The Boston Herald, June 27, 1986, p. 20). In a suit filed against the Department of Public Welfare Commissioner Charles Atkins by welfare mothers and a coalition of advocates for the poor, Grabau ordered Atkins to "formulate a revised standard of assistance that complies with (the law) and that is sufficient to enable AFDC recipients to bring up their children properly in their homes". Negotiations are currently in progress.

TABLE 4.1

AMOUNT OF AFDC MONTHLY GRANT ACCORDING TO FAMILY SIZE

FAMILY SIZE	MONTHLY GRANT
Ineligible guardian with child or pregnant woman	$282
Eligible adult with:	
1 child	$358
2 children	$442
3 children	$505
4 children	$579
5 children	$654
6 children	$728
7 children	$802
8 children	$875
9 children	$949
Add $76 for each additional dependent	+ $949

(Source: Citizens' Housing and Planning Association, 1985.)

TABLE 4.2

RELATIONSHIP OF CASH GRANTS
TO THE POVERTY LEVEL - JULY, 1986*

FAMILY SIZE	POVERTY LEVEL	AFDC	PERCENTAGE OF POVERTY LEVEL INCOME
1	$ 447	$282	63%
2	$ 603	$358	59%
3	$ 760	$432	57%
4	$ 917	$505	55%
5	$1,073	$579	54%

* Based on the federally-established Poverty Level Income for 1986. (Source: Coalition for Basic Human Needs, 1986).

THE FOOD STAMP PROGRAM

At least 75% of all AFDC families in Massachusetts also receive Food Stamps. This federally-funded program provides monthly allotments to income-eligible families whose assets do not exceed $1,500. Food Stamp coupons may be used to purchase unprepared food. The majority of sheltered families do not receive Food Stamps since shelters usually provide at least 2 meals per day. When this is not the case (e.g., families receiving less than 2 meals per day) coupon allotments are often reduced. In contrast, families in hotels/motels receive the full allotment of Food Stamps.

TABLE 4.3

ELIGIBILITY FOR FOOD STAMPS

MONTHLY NET INCOME CEILING BY FAMILY SIZE

Household Size	Maximum Allowable Net Income
1	$ 438
2	$ 588
3	$ 738
4	$ 888
5	$1,038

MAXIMUM FOOD STAMP ALLOTMENTS BY FAMILY SIZE

Household Size	Maximum Coupon Allotment
1	$ 80
2	$ 147
3	$ 211
4	$ 268
5	$ 318

AFDC and FOOD STAMPS

As Table 4.4 indicates, even when combined, benefits available through AFDC and the Food Stamp Program remain at least 25% below the federally-established Poverty Level Income.

TABLE 4.4

RELATIONSHIP OF CURRENT BENEFITS (INCLUDING FOOD STAMPS) TO THE POVERTY LEVEL
JULY 1986

FAMILY SIZE	1	2	3	4	5
Poverty Level Income (monthly)	$ 438	$ 588	$ 738	$ 888	$ 1,038
Income (annual)	5,256	7,056	7,056	8,856	12,456

FAMILY SIZE	AFDC	AVERAGE FOOD STAMP BENEFITS	AFDC AND FOOD STAMPS	PERCENTAGE OF POVERTY LEVEL INCOME
1	$282	$ 53	$335	76%
2	$358	$ 98	$456	78%
3	$432	$139	$571	77%
4	$505	$174	$679	76%
5	$579	$202	$781	75%

*Based on the federally-established Poverty Level Income for 1986.

THE WOMEN, INFANTS, AND CHILDREN SUPPLEMENTAL FOOD PROGRAM (WIC)

In addition to AFDC and Food Stamps, families may also receive goods and services from the Women, Infants and Children Supplemental Food Program (WIC). WIC is a federally-funded assistance program which provides nutritious food packages along with nutrition education and medical screening to low-income pregnant women, nursing mothers and children under 5 who are nutritionally at risk. WIC was enacted by Congress in 1972 and is funded by the Department of Agriculture. In Massachussets, the Department of Public Health contracts with 35 local health and social service agencies to operate the WIC program. The application, approval and distribution of WIC goods and services takes place through these contractors.

Applicants for WIC must meet established income guidelines (listed below) and be determined nutritionally "at risk" by a health professional.

TABLE 4.5

CURRENT INCOME GUIDELINES FOR WIC ELIGIBILITY

Household Size	Gross Yearly Income
1 person	$ 9,713
2 people	$13,043
3 people	$16,373
4 people	$19,703
5 people	$23,033
6 people	$26,363
7 people	$29,693
8 people	$33,023

(each additional person add $3,330 per year)

Infants and children satisfying these requirements are initially certified for 6 months. Pregnant women are certified throughout their pregnancy and up to 6 weeks post-partum. All are reevaluated at 6-month intervals to determine ongoing eligibility.

WIC participants receive vouchers for defined food packages which are redeemable through local vendors. WIC foods include milk, cheese, eggs, 100% fruit juice, iron-fortified cereals, peanut butter, dried peas and beans, infant formula and infant cereal. The average monthly value of these goods is between $30 and $32.

Unlike AFDC, WIC is an eligibility rather than entitlement program. Since funding is limited, not everyone who qualifies actually receives services. For example, in Massachusetts only 40% to 45% (63,000) of all eligible women, infants and children receive WIC services.[3] The remainder are either turned away or are on waiting lists lasting several months to several years. Among eligible applicants, priority is granted to pregnant or lactating women, women with infants and women with children 1 to 2 years old.

According to the Massachusetts Department of Public Health, a recent evaluation of the WIC program conducted in Massachusetts demonstrates that WIC reduces the incidence of infant mortality, premature births, and low birth-weight babies. Other studies correlate WIC participation with less incidence of anemia in children and improved growth and nutritional status for infants and children.[4]

Statistics from Bassuk et al. indicate that less than 40% of women in shelters receive WIC services. Reports from DSS homeless specialists suggest that far fewer hotel/motel clients receive WIC services. This results from programmatic limitations and various "hassle factors" such as, lack of transportation and inadequate facilities for refrigeration. While shelters often provide federal commodities including powdered milk, eggs, cheese and butter, no such assistance is available to families staying in hotels/motels.

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[3]Fact Sheet on "An Act to Expand and Improve the WIC Program", Coalition to Improve the WIC Program.

[4]"WIC - Special Supplemental Food Program for Women, Infants and Children", Massachusetts Department of Public Health, 1986.

AFDC AND THE HOUSING MARKET

According to DPW, 63% of all AFDC recipients spend greater than 75% of their monthly grant on shelter and utilities. Less than 30% live in subsidized housing or have access to Section 8 or State 707 rent subsidies. From 1970 to 1985, the median rent in Boston increased by 329%. During this same time, AFDC rose by only 50%.

In 1986, the Massachusetts Executive Office of Communities and Development (EOCD) conducted a statewide study of private market rental units in Massachusetts. As a result of this survey EOCD determined the average 1986 rent for a 2-bedroom apartment in the Metropolitan Statistical Area (MSA) to be the following:

TABLE 4.6

Metropolitan Statistical Area	Average 1986 Rent	% Increase Over 1986
Barnstable	$569	27.1%
Berkshire	320	15.3
Boston (outside the City of Boston)	661	22.0
Brockton	680	26.2
Fall River	473	N/A
Fitchburg-Leominster	444	18.4
Franklin	447	11.8
Hampshire	541	12.5
Lawrence-Haverhill	803	19.5
Lowell	525	13.6
New Bedford	460	28.8
Pawtucket-Attleboro	542	12.0
Pittsfield	441	15.8
Plymouth	424	11.8
Salem-Gloucester	585	11.9
Springfield	463	9.8
Worcester: Metro	647	3.5
Worcester: Non-Metro	424	10.0

Clearly, the average cost of housing in the private rental market is virtually out of reach for families receiving AFDC. According to EOCD's survey, 1984 average rents in Massachusetts have increased anywhere from 9.8% to 28.8%.

Given the current housing market and the inadequacy of AFDC grants, families require rent subsidies (707 or Section 8) in order to afford an apartment. Unfortunately, too few of these subsidies exist. Furthermore, as Cooper points out (1986) and EOCD agrees many families encounter great difficulty in utilizing subsidies. In the next chapter we will consider in greater detail these and other important issues related to rehousing homeless families.

* * *

KEY POINTS

1. The vast majority (85% to 90%) of all homeless families are headed by women who rely on AFDC as their primary source of income.

2. Currently, AFDC grant levels are approximately 40% below the federally-established Poverty Level Income for 1986.

3. AFDC is woefully inadequate to meet the basic needs of all eligible families and, in particular, homeless mothers living in shelters, hotels and motels.

4. Despite the existence of supplementary programs, such as Food Stamps and WIC, AFDC grants combined with the value of these entitlements are, and unfortunately will likely remain, well below the poverty level.

5. Given the current crisis in decent, low-cost housing, it is virtually impossible for AFDC recipients to afford and maintain private rental market units.

CHAPTER 5
HOUSING

"Over any recitation of the grim statistics on homelessness looms the shadow of a housing crisis which is unexampled in this century."

Ellen Baxter and Kim Hopper
National Coalition for the Homeless
February, 1984

HOUSING: INTRODUCTION

Were there no housing crisis in Massachusetts, the families described in this report would be hidden from public view. It is the housing crisis which has made these families visible and which has defined their problem as homelessness. There will be no end to family homelessness until this root of the problem -- the lack of decent, affordable housing -- is addressed. This chapter examines the Massachusetts housing crisis, its effects on very low-income families, and the efforts of state agencies to address the housing part of the family homelessness problem.

THE MASSACHUSETTS HOUSING CRISIS

What exactly is the housing crisis? Low vacancy rates are the clearest sign of the problem. Vacancy rates of less than 2% in many Massachusetts communities -- a figure well below the 5% that allows for normal market fluctuations -- are the outcome of supply and demand forces. On the demand side, the number of households in Massachusetts has increased in the recent years. On the supply side, high construction, financing, and operating costs mean that little new housing is built, and what is built is not affordable to people with low incomes. When demand increases faster than available supply, rents skyrocket. From 1970 to 1985, for example, the median rent in Boston increased by 329%.[1] In the past 2 years alone, rents have increased over 25% in many Massachusetts communities.[2] Obviously, the resources of low-income households,

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[1]"Homelessness in Massachusetts", House 1 Budget Narrative, 1986, p. 38.

[2]"Survey of Private Rental Housing in Massachusetts, Prepared in Response to HUD's January 2, 1986, Proposed Revisions to the Section 8 Program Fair Market Rents," March 14, 1986.

especially AFDC households, have not kept pace with these increased rents.

Condominium conversion exacerbates the supply problem for low-income families. In the Boston area, over 17,000 rental units, comprising 4.6% of the area's multifamily housing units, were converted to condominiums between 1971 and 1981.[3] Further reducing the housing supply for families with children under 6 are the large number of units containing lead paint. Sixty-two percent of AFDC families include a child under 6.[4] State law prohibits a landlord from leasing a unit that contains lead paint to such a family. Since 59% of the existing housing stock in Massachusetts contains lead paint, the number of units available to the many AFDC families with children under six are sharply reduced.[5]

Low-income people are buffered from the workings of the private market only if they live in public housing or have rental subsidies that pay for some of their rent in private market housing. However, state and federal housing programs are not entitlement programs -- very few low-income families that meet the requirements actually receive housing subsidies. In Massachusetts, roughly 700,000 households have incomes low enough to be eligible for housing subsidies. Over 72% of these eligible households (506,000 households) do not live in subsidized housing. These households are subject to ever-increasing rents in the private market, and, as such, are "at-risk" of becoming homeless. The 700,000 eligible households include a subgroup of 85,000 AFDC families, who are just as unlikely as the larger group to receive a subsidy. Roughly 70-75% of AFDC households must survive in the private housing market.[6] The low AFDC grant makes these families especially at risk of becoming homeless.

The 1980s have witnessed a sharp decline in federal funds for new construction of low-income housing. State programs

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[3]"Homelessness: Policy Report No. 18," Senate Committee on Ways and Means, June 1983, p. 340.

[4]Department of Public Welfare, "Budget Request FY1987: Narrative," p. 107.

[5]"Long Range Housing Plan for Massachusetts", Massachusetts Coalition for the Homeless, 1985.

[6]Department of Public Welfare, *op cit.*, p. 190.

have been slow to fill this gap. As a result, very little new housing for low-income families has been built -- the high costs of construction make it impossible to provide housing for low-income families without the federal or state subsidies.

As a result of the forces described above (the imbalance of supply and demand combined with the low number of units under subsidy) many low-income households, living in private market housing, find themselves faced with the following scenario. Over a period of months or years, the percentage of income that the household pays in rent steadily increases. At some point, this rent burden becomes unbearable. The family, unable to find an apartment more affordable than the one they just left, moves into ("doubles-up" in) the home of a relative or friend. The family continues, with limited resources, to search for an affordable apartment. Their host, who may also be facing income problems or be in danger of eviction for having long-term guests, may ask them to leave. After imposing on a series of friends and relatives, the family has no choice but to turn to a public agency for help.

This scenario is especially likely for families headed by women on AFDC. These families face both income and discrimination problems in competing for housing.[7,8] As a result they have long been one of the most poorly housed groups in the country.[9,10] The housing crisis exacerbates these trends, pushing them out of housing altogether.

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[7]Martin Rein et al., "The Impact of Family Change on Housing Careers", Joint Center for Urban Studies of MIT and Harvard, 1980.

[8]Laurie S. Rubin, "Housing Discrimination Against Female-Headed Households and Rental Subsidy Recipients", Massachusetts Commission Against Discrimination, April 1986.

[9]Eugenie Lauder Birch, "The Unsheltered Woman: Definition and Needs", The Unsheltered Woman: Women and Housing in the 80s, Rutgers University Center for Urban Policy Research, 1985.

[10]"How Well Are We Housed? Female-Headed Households", U.S. Dept. of Housing and Urban Development, 1978.

STATE EFFORTS TO ADDRESS THE HOUSING PART OF THE FAMILY HOMELESSNESS PROBLEM

Several direct means are available for addressing the housing part of the family homelessness problem. Most importantly, (1) new low-income housing can be built, and (2) new specialized ("transitional") housing can be built. These approaches are, for the most part, long-term ones. In the mean time, much can be done to help families who are becoming homeless this month and this year. That is, (3) families can receive rental subsidies for use in the private market; (4) families can receive housing-related services (aid in housing search, legal advocacy) to increase the chances that they can use these rental subsidies; or, (5) families can be prevented from losing their original apartments.

The remainder of this chapter describes these 5 policy approaches and how they have been used in Massachusetts.

1. New Low-Income Housing

Although some states, most notably New York, subsidize new permanent housing that is specifically intended for homeless families, Massachusetts officials have resisted this approach, preferring to take steps to increase the overall supply of low-income housing. At the same time, through the use of new tenant selection regulations, some homeless families will have access to the new housing.[11]

Chapter 705: Family Public Housing

In Massachusetts, one way to increase the overall supply of low-income housing for families is through the state Chapter 705 program. Under this program, local housing authorities build and own scattered site family housing and use tenant selection regulations issued by EOCD to select tenants. The housing bills that passed in 1983 and 1985 authorized over $140 million dollars for Chapter 705 housing. Unfortunately, the fact that this money is available does not ensure that housing will be built quickly.

At times, development of Chapter 705 housing is neither a fast nor smooth process. One stumbling block is that

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[11] "Draft Regulations for Tenant Selection and Tenant Transfer", Executive Office of Communities and Development, (mimeograph), January 30, 1986.

housing authorities may lack the time and expertise to take on a new housing project. More importantly, community opposition to low-income housing often makes it impossible to site new developments.

Executive Order 215, which states that no development assistance from any state agency can go to a town that is "unreasonably restrictive of new housing growth", helps EOCD in its efforts to overcome the community acceptance problem. Since this order was adopted in 1982, approximately 50 communities have "either signed agreements with EOCD or have taken other steps to broaden housing opportunities.[12] Other communities refuse to sign or honor agreements with EOCD -- communities such as Boxford, Dover, Lincoln, Norfolk, Topsfield, and Weston refuse to accept a fair share of the affordable housing that must be built in Massachusetts.[13]

NonProfit and For Profit Developers

A second way to build low-income housing for families is through nonprofit or for-profit developers. Currently, they finance low-income housing using a combination of state subsidy programs (e.g., SHARP, Chapter 707 moderate rehab), syndication, and (for nonprofit developers) grant support from foundations and corporations.

Nonprofit development of low-income housing has a strong history in Massachusetts. Many Community Development Corporations (CDCs) have created housing for low-income people by piecing together financing from a variety of federal, state, and nongovernmental sources. Unfortunately, CDCs operate with small development staffs and usually have very little financial support for overhead and predevelopment costs. Greater financial stability would enable CDCs to produce more low-income housing.

At present, EOCD's Office of Community Economic Development (OCED) funds CDCs on a limited basis. Also, the Housing Abandonment Program, which helps CDCs claim abandoned or near-abandoned buildings, is funded at only $500,000.

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[12] "Prodding Communities on Housing", The Boston Globe, July 19, 1986.

[13] *Ibid.*

The Massachusetts Housing Partnership

The Massachusetts Housing Partnership (MHP), created by Governor Dukakis in 1985, encourages local partnerships between existing nonprofit agencies, city or town officials, and other local actors interested in affordable housing. These partnerships are intended to draw local resources into the development of affordable housing and facilitate the siting of new housing. The housing itself will be built and owned either by the housing authority or a nonprofit agency. In contrast to Executive Order 215 which insists that communities accept subsidized housing, MHP entices communities with money, resources, and the energy and commitment of local institutions and actors.

CONCERNS

The housing bills of 1983 and 1985, the state's support of CDCs and the establishment of MHP are all significant achievements. However, those concerned about the fate of homeless families hope that in pursuing these efforts the state does not lose sight of the following critical points:

First, solving the family homelessness problem requires major and sustained financial support for new low-income housing. All the available evidence suggests that the housing crisis is not a short-term phenomenon. EOCD, for example, estimates that 44,000 new units must be built in Massachusetts each year for the next ten years to keep pace with projected demand and replace units lost to abandonment, fire, etc. An average of only 20,000 units a year have been constructed since 1975.[14]

As the housing crisis continues, the 506,000 income-eligible families who do not live in subsidized housing (including an estimated 60,000 AFDC households) will remain at great risk of falling into homelessness. Unless AFDC benefits increase and/or more "at-risk" families receive housing subsidies, the family homelessness problem will only get worse. Massachusetts must plan for the future. Its financial commitment to new low-income housing must be increased over the next several years. If it is not, the Commonwealth will continue to spend millions of dollars on emergency shelter for homeless families.

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[14]"Housing in the Commonwealth: Policy Report No. 9", Senate Committee on Ways and Means, 1984, p. 149.

Second, the slowness of new housing development for low-income people is an important concern. The family homelessness problem is so serious that more aggressive measures to expedite the development of new housing are warranted. Such measures may be difficult to swallow, but far worse will be the financial and political fallout if many more of the 506,000 "at-risk" Massachusetts households end up in emergency shelter. Measures such as more aggressive implementation of Executive Order 215 or a broadening of its scope, more aggressive technical assistance to housing authorities, a greater dollar commitment to CDCs and their efforts to reclaim abandoned housing through the Housing Abandonment Program, are a good beginning.

A third cause for concern is the focus on "affordable" housing and moderate income housing, as opposed to simply low-income housing. This is not to suggest that moderate income households do not suffer from the housing crisis as well. Rather, what is worrisome is the inordinate attention and money devoted to housing for moderate income people, who are at far lesser risk than low-income people of having no place to live and thus becoming an enormous expense to the state.

The Governor, for example, has announced that he will use some of the state surplus money on moderate income housing, but none on low-income housing. Another example is the MHP's focus on "affordable" housing. It is perfectly plausible that the MHP will build moderate income housing (for households with incomes of $17,000-$27,000/year) much faster than low-income housing (for households with incomes of less than $17,000/year) because moderate income housing is more palatable to local communities.

A fourth serious matter is the comments by state officials that new luxury and moderate income housing will help to reduce the housing problems of low-income households. Their statements are based on the "trickle down" theory about how the private housing market works. Much evidence would suggest that this "theory" bears little relation to the realities of the Massachusetts housing market.

For example, discrimination, reliance on public transportation, and the resulting immobility of low-income households suggest that "market segmentation" will prevent new moderate income and luxury housing from benefitting low-income households. The many upper and middle-income households wishing to own a home or move into Massachusetts

will surely soak up any new supply before its effects "trickle down" to very low-income households. In short, assumptions and theories are no substitute for direct and decisive actions on behalf of the people who are suffering the most.

2. Specialized "Transitional" Housing

The Women's Institute for Housing and Economic Development, a Boston-based development consulting firm, has written a manual on transitional housing that defines it as "a multi-family residency program that includes a variety of support services for low-income women who are heads-of-households and for their children. It is sometimes called second stage housing to distinguish its place after crisis or homeless shelters, providing the bridge for women to self sufficiency and permanent housing".[15]

In Massachusetts, a total of 4 transitional programs exist: the David Jon Louison Child Care Center (Brockton), Community Teamwork Family Shelter (Lowell), Horizons Transitional Housing Program (Mattapan), and Huntress Apartments (Gloucester). Together these facilities serve approximately 30 families at any one time. Each receives partial funding from state agencies, either through DSS, DPW, EOCD, or a combination of the 3. The programs also receive private donations and/or foundation support. Appendix C of this report includes more detailed descriptions of these programs.

In comparison to shelters, transitional programs offer families far more intensive, on-site services and a length of stay ranging anywhere from 6 months to 2 years. They are committed to providing a stable, supported environment where families may unwind, escape from the cycle of homelessness, and begin to organize their lives. While the particular goals and objectives of each program may differ, all seek to assist families in resolving problems and difficulties which first contributed to homelessness and to facilitate the acquisition of skills necessary for independent living.

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[15] J.F. Sprague, A Manual on Transitional Housing, Women's Institute for Housing and Economic Development, 1986, p. 4.

Several studies point to the need for transitional housing.[16,17] Perhaps the most obvious reason for developing this resource is the fact that many homeless families have complex emotional and/or social problems and are not yet ready to live on their own. Particularly for women with histories of battering, moving immediately from emergency shelter to unsupervised permanent housing often presents a danger.

A second reason transitional programs are necessary is that, in almost all cases, emergency shelters are not equipped either physically or programmatically to handle the complex needs of many of the families they are serving. Furthermore, even after spending an average of 3 to 4 months in these settings, many homeless families remain unable to locate housing that is decent and affordable. As a result, homeless families often return to abusive and otherwise untenable situations or cycle between emergency settings. The extended length of stay in transitional programs offers especially needy and hard-to-house families more time to find permanent housing and the opportunity to build independent living skills.

Currently, a nonprofit agency interested in beginning a transitional program must deal with a complicated and time-consuming funding process. A large part of the problem is that there is little if any money available for the services component of new transitional programs. Unless this money is guaranteed, an agency cannot receive money for and begin work on the housing itself. Another part of the delay is that nonprofit sponsors of transitional housing may have limited knowledge of the housing development process.

Some observers express concern that transitional programs might become a second layer of shelters, providing neither appropriate housing nor appropriate services for the families. MCCY believes that transitional programs are an important resource for the Commonwealth. Careful design of living spaces, along with adequate funding for services and staff, would enable these programs to realize their goal of empowering families to live independently. Several steps, detailed in the recommendations chapter, should be taken to speed up the funding process and encourage the develpment of more transitional programs.

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[16]Bassuk, et al., *op cit.*

[17]Emergency Shelter Commission and United Community Planning Corporation,

3. Rental Subsidies for Use in the Private Market.

Building new low-income and specialized housing is clearly a major part of the solution to family homelessness, but it is a long-term one. For example, money appropriated for Chapter 705 housing under the 1985 bill will not produce housing units until at least 2 years from now. Likewise, new funds for transitional programs appropriated today would not result in completed programs for at least a year, and probably much longer.

Meanwhile, in the short term, subsidies for use in the existing housing stock can help low-income households pay for housing. These subsidy programs (the federal Section 8 program and the state Chapter 707 program) pay for a portion of a low-income family's rent in private market housing. Once a family receives a rental certificate, they go out and search for a unit that meets the fair market rent levels required under the program. The unit they find must meet other requirements of the program as well, such as requirements about lead paint. The unit is then examined by the local housing authority or another agent administering the subsidy program, and a contract is signed between the housing authority, the tenant, and the landlord.

Under the federal Section 8 program, the household pays 30% of its adjusted income in rent, with the federal government paying the remainder. Under the state Chapter 707 program, the household pays 25% of its adjusted income and the state pays the remainder.

Obtaining one of these certificates is not easy; housing authority waiting lists are long. Moreover, obtaining a certificate is no guarantee of being able to use it: on average, approximately 50% of certificates issued in Massachusetts are returned unused. Before July 1985, the chances of a newly homeless family obtaining and using one of these certificates were slim.[18]

Offering rental certificates to homeless families is one of the policy approaches that state agencies have used to combat family homelessness. As described earlier in this report, in July 1985, EOCD allocated 250, Chapter 707 certificates to DPW to distribute specifically to homeless

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[18]Nancy Cooper, "After Shelters: Providing Permanent Housing for Homeless Families and Individuals", Citizens Housing and Planning Association Report, 1985, p. 25.

families. DPW and DSS then provided housing search services and monetary incentives to landlords to ensure that the certificates would not be returned unused. This approach proved to be successful. Apparently, very few certificates were returned unused. EOCD allocated another 200 certificates to DPW this summer.

A problem with this program, however, was the rigid eligibility requirements that EOCD attached to the 707 certificates. As described in Chapter 3, families evicted for nonpayment of rent, for example, could not receive a DPW certificate. These requirements were imposed because the DPW program circumvented the normal certificate distribution process, which involves long waiting lists at local housing authorities. EOCD was concerned about the many families that needed housing that were already on the waiting lists, and wanted to be careful about allowing homeless families to get certificates immediately.

Two recent developments are likely to mark the end of DPW's distribution of 707 certificates, and make it easier for homeless families who are evicted for nonpayment of rent to obtain a 707 certificate. First, EOCD has revised the tenant selection regulations used by local housing authorities. The regulations now include homelessness as an "emergency case" priority for Chapter 705 family housing, Chapter 707 Existing and Mod Rehab Housing, and Chapter 200 and 667 housing.[19] Homeless families who meet eligibility requirements (which are less restrictive than those attached to the DPW certificates) will receive priority for vacancies in the housing programs covered by the regulations. In addition, 1200 "emergency case" 707 certificates will be available to families meeting the requirements.

The second new development was the work of the Senate Committee on Ways and Means and the legislature. Senate Ways and Means, in June 1986, recommended a new DPW-administered rental assistance program modeled after the 707 program, for use by homeless motel/hotel families.[20] However, the final version of the program authorized funding for approximately 2250, 707 certificates, which will be distributed by EOCD rather than DPW.

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[19] Executive Office of Communities and Development, *op cit.*

[20] "Budget Recommendations, FY1987," Senate Committee on Ways and Means, May 1986, p. 360.

The significance of these two recent developments should not be underestimated. Many more families will be able to obtain 707 certificates. In addition, distribution of the certificates will be integrated into the normal functions of EOCD and the housing authorities rather than being a special and short-term project run by DPW.

4. Housing Search Services.

The third policy approach used by state agencies to rehouse homeless families is the provision of housing search services. Many Massachusetts observers seem to have little understanding about the potential of housing search services. To a large extent, this reflects an ignorance of the complex causes of family homelessness. The housing crisis is the primary cause of family homelessness, but discrimination and logistic problems (e.g., lack of transportation, unavailable child care, lack of information about how to approach landlords and few contacts and/or resources to search for housing) play important roles as well. These problems can be combated, in part, by housing search services and legal advocacy.

Doubts about the effectiveness of housing search services also reflect an ignorance of the dynamics of the housing market. Some claim that no housing is available if the vacancy rate is 1 or 2%. But the vacancy rate is a static description of the housing market. There is a turnover rate as well. Even in tight housing markets, units do turn over. In the short term, the goal is to help homeless families lease the units that do turn over. Of course, such a strategy must be coupled with new low-income supply over the long term. Simply "squeezing" homeless families into the housing market by providing search services and subsidies will add to rent pressures and perhaps push others into homelessness over the long term.

A major national study provides support for the notion that housing search services and legal advocacy will help low-income families find and lease available housing. The National Housing Allowance Experiment found that services to households in tight housing markets reduced the number of rental certificates returned unused.[21]

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[21] William L. Holshouser,"The Role of Supportive Services", The Great Housing Experiment, 1983, p. 198.

Massachusetts has its own evidence about the effectiveness of housing search services. DPW and DSS efforts, described earlier in this report (see Chapter 3), helped many homeless families find available units, and prevented high turnback rates on 707 certificates. The success of DPW and DSS's efforts are encouraging. MCCY believes that housing search services should be provided on a larger scale and that even more creative services should be provided. However, providing housing search services is not consistent with DPW's mandate and expertise. DPW is not a housing agency. The responsibility for providing housing search services properly lies with EOCD.

MCCY supports the current plans that call for EOCD to contract with nonprofit agencies who would provide housing search services. The transition from DPW to EOCD is likely to take several months. In order to keep the hotel/motel count down, the state will probably take interim measures. However, in the long run, responsibility for housing search services should be with one agency, EOCD. This would prevent overlapping and disorganized service delivery and avoid having DPW "reinvent the wheel".

Housing search agencies should play a creative, "wheeling and dealing" type of role with landlords on behalf of homeless families. Several measures would aid them in these efforts. For example, housing search agencies will come across landlords needing code work or deleading done on their apartments, especially in order to accept a family holding a 707 certificate. The housing search agencies should have access to loan or grant money, administered by EOCD, for small repairs and perhaps even for deleading. Landlords would receive this money from a housing search agency in exchange for signing a lease with a homeless family.[22]

This proposed program is not the same as the Chapter 707 moderate rehabilitation program. Local housing authorities would not be involved. Rather, the program would be similar to DPW's current payments of incentives to landlords, except that the tenant gets something (a better apartment) for the money that is paid to the landlord. The housing search agencies would, of course, be responsible for monitoring to make sure the work promised by the landlord is actually completed.

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[22] Massachusetts Coalition for the Homeless, *op cit.*

Such a program will only work if housing search agencies maintain a personalized and community-centered approach to the housing search. The housing market is so tight that landlords would probably not voluntarily seek out the money provided for code work, or respond to a form letter. The housing search agencies should develop and maintain contact with a network of realtors, churches, landords, and other contacts who are sympathetic to the plight of homeless families. Drawing on such a network appears to be an effective way of finding units for homeless families.

Of course, housing search services are by no means the entire answer to family homelessness: families must also receive subsidies, and over the long term the supply of low-income housing must be increased.

5. The Prevention of Homelessness.

Currently, 2 different state programs are aimed at preventing homelessness: EOCD's Housing Services Program and DPW's Emergency Assistance Program which pays arrearages for fuel, utilities, and rent. Unfortunately, neither of these programs specifically target doubled-up families.

EOCD began the Housing Services Program in FY1985. Currently, 12 nonprofit agencies receive Housing Services funding. The premise of Housing Services is that the many people who are eligible for subsidized housing but do not receive it (roughly 506,000 Massachusetts households) are at high risk in the current housing market. Tenant/landlord education and counseling, as well as mediation of disputes, is intended to prevent these "at-risk" families from becoming homeless.

In both 1985 and 1986, EOCD spent $500,000 on Housing Services. In FY1987, with approval from the legislature, spending will increase to $750,000.

Case studies written by EOCD suggest that the Housing Services Program has been successful in meeting its goals. In addition, EOCD reports that most (70%) of the households receiving services had incomes below the poverty level; approximately one-third were female-headed households.[23]

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[23]"Housing Services Program: Report on FY1985", Executive Office of Communities and Development, 1985.

The Housing Service Program serviced 3200 households (as well as 2350 landlords) in 7 months of FY1985. Hence, as currently funded, the program services approximately 460 households a month, or a total of approximately 5520 households per year. In FY1985 and FY1986, therefore, the program has served less than 1% of the 506,000 households it was intended to serve. The Housing Services agencies appear to have no dearth of clients needing help. Moreover, this program spends very little money per household to prevent what would be enormous expenditures if the families became homeless.

The second effort aimed at prevention of family homelessness is the payment of rent and utility arrearages by DPW. As described in Table 3.1, these expenditures amounted to over $15 million in the last fiscal year. Expenditures like this will be a necessity as long as AFDC benefits remain inadequate, and as long as the many people who need subsidized housing are not receiving it.

* * *

KEY POINTS

1. The Massachusetts housing crisis is not a short term phenomenon, and neither is the family homelessness problem. Five-hundred and six thousand (506,000) Massachusetts households, including 60,000 AFDC households, are income eligible for subsidized housing yet do not receive it. Many more of these "at-risk" families can be expected to become homeless in the coming years.

2. The problem of permanent housing for homeless families has not been adequately addressed.
   a. The funding provided for Chapter 705 from housing in the 1983 and 1985 housing bills is significant, but it is not enough. Solving the problem of family homelessness requires an increased, long-term commitment to new supply of subsidized housing.
   b. Too often, community resistance problems prevent Chapter 705 housing from being built quickly. The seriousness of the family homelessness problem warrents more aggressive efforts to expedite the development of Chapter 705 housing.
   c. Even if new Chapter 705 housing is built in record time, it will not significantly effect the many families who are homeless this month and this year. Measures that can have immediate impact -- such as the new "emergency case" 707 certificates, the new tenant selection regulations and the 2250 special 707 certificates -- must be carefully implemented to ensure that they help homeless families and help them quickly.
   d. Many homeless families holding 707 certificates will be unable to find units on their own. Housing search services, and other measures to combat discrimination and logistical problems in searching for housing must be used to help families find housing.

3. Transitional housing is a very important "untapped resource" for addressing family homelessness. Some homeless families are not prepared to locate and/or maintain a unit of their own. A stay of several months

in a transitional housing program rather than in a hotel/motel or shelter would help some families more effectively make it on their own. Transitional programs that provide case-management, advocacy and training in daily living skills such as parenting, budgeting, nutrition planning, etc. would be a valuable resource for preparing families to live independently.

4. Much more could also be done to prevent homelessness from occurring in the first place. Unless AFDC benefits are increased and/or many more housing subsidies are made available to previously homeless or doubled-up families, these families will remain unable to afford and maintain permanent housing. Currently, doubled-up families are not targeted for any type of housing assistance and are left to slip into homelessness. Lastly, EOCD's Housing Services Program, which appears to be effective, is very small compared to the extent of the problem.

CHAPTER 6
RECOMMENDATIONS

INTRODUCTION

In the following section, MCCY makes several recommendations regarding the development and/or provision of housing and human service programs for homeless families. These recommendations are based on the following premises:

1. All families have a right to the fulfillment of basic needs which include food, shelter and clothing. However, based on recent data, (Bassuk et al., 1986), the concept of basic needs should be broadened to include emotional and psycho-social concerns, such as the human need for relationships, supports, inter-relatedness in a community, etc. Most critically, children have the basic right to protection, healthy emotional and social nurturance, education, and stability.

2. To meet the broad range of housing and human service needs present among homeless families, at least 3 kinds of services are essential:

   - A range of supervised, supported and independent housing options
   - A range of economic and programmatic alternatives that guarantee adequate income
   - A range of public/private human service programs capable of addressing the basic psycho-social needs of homeless families and of offering (either directly or by referral) comprehensive training and/or assistance in daily living skills such as parenting, budgeting, home management, educational/vocational planning, social/emotional counseling, advocacy and outreach to child care agencies and schools.

MCCY's recommendations aim to achieve the following goals:

1. To prevent homelessness from occurring.

2. Once homelessness occurs, to prevent homelessness from becoming a chronic condition.

3. To facilitate the rapid movement of homeless families out of emergency shelters, hotels and motels and into a range of supervised, supported and independent affordable housing options.

4. For the period of time that homeless families must remain in emergency shelters, hotels or motels, to ensure that these settings are decent, safe and adequate in terms of staffing, services, health and nutrition.

5. To identify which homeless families have serious multiple and chronic psycho-social and emotional needs and to connect those families with community-based, multidisciplinary teams for the purposes of comprehensive assessment, case planning, coordination and follow-up. These teams (to be described in greater detail later) should oversee the linkage of families with services until they become stabilized in permanent housing.

MCCY recognizes that homelessness is a complex problem with numerous causes that necessitates a multi-faceted, multi-phasal solution. We have divided our recommendations, therefore, into 3, time-ordered categories:

1. Recommendations for immediate action to be implemented within the next 6 months. These describe ways to reoganize, expand and/or improve existing housing and human service programs now.

2. Short-term recommendations to be implemented over the next 3 years. These describe ways to transform existing programs and services while also creating new ones.

3. Long-term recommendations to be implemented over the next 3-5 years or more. These describe our vision of what the system should ultimately look like.

RECOMMENDATIONS/THE EMERGENCY SHELTER SYSTEM

Since the number of homeless families increases daily, with few substantive efforts being made to address the root causes of this social crisis, it is likely in the immediate and foreseeable future that shelters, hotels and motels will remain an absolutely necessary, though clearly insufficient resource. Hundreds of women and children without adequate housing and human service alternatives will continue to rely on these settings and, moreover, will continue cycling between them. To ensure the safety and well-being of these families therefore, MCCY makes several recommendations designed to improve the existing emergency shelter system. These recommendations are not intended to "institutionalize" the shelters. Clearly, a tension exists between adding enough services to make these settings safe and adequate and adding too many so that the shelters alone become fully responsible for meeting the range of housing and human service needs of homeless families.

Recommendations for Immediate Action

1. **The Commonwealth, working closely with shelter providers, should establish uniform guidelines for the operation and management of all family shelters.** These guidelines should be based upon the fact that shelters are currently functioning as human service organizations. Therefore, requirements related to services, staffing requirements and ratios, training, safety, health and nutrition, etc. must be delineated.

2. **To meet the immediate needs of homeless women and children, each shelter should be granted sufficient funding and technical assistance to hire and train the following 4 full-time personnel:** a program director to oversee the management and operation of the shelter; a housing advocate to help families locate and obtain permanent housing and, when possible, to work with local housing search agencies; a licensed, clinically-trained (MSW or equivalent) social worker to evaluate families through a routine intake/assessment procedure, to determine which families have multiple problems that require more in-depth multidisciplinary case review and to assist all families in receiving necessary counseling

and/or social services; and, a family life advocate to assess the needs of the children, to advocate for a full range of services to meet those needs, and to offer training to parents in basic parenting skills.

Currently, many shelters do not have 4 discrete staff persons to fill the positions cited above. On the contrary, a few dedicated individuals are often forced to play many different roles and to handle a multitude of needs for which they may or may not have training. Not surprisingly, many shelter staff interviewed expressed a sense of frustration about having to cope with often overwhelming situations. Although shelter staff should be commended for their commitment to providing families with support, a sense of self-worth and a caring community, they should not be expected to do it all. To alleviate the stress and associated dangers of inadequate staffing in these emergency facilities, the Commonwealth, in conjunction with shelter directors, should ensure that the aforementioned staffing is developed.

3. **The Office for Children together with the Department of Social Services and the Department of Public Welfare should develop a plan to ensure the provision of additional day care and transportation money for homeless children now living in shelters, hotels and motels.** In developing this plan, several questions must be addressed. These include the following: Should the Commonwealth develop magnet centers (modeled after corporate day care) that offer infant day care, preschool day care, after school programs, a sick room with a nurse and therapeutic day care slots; expand existing public/private day care programs; or set up day care in the shelters? (The last option raises issues of space, staffing, the duration of each child's involvement, stress of the shelter environment, etc.).

4. **Shelter staff working in conjunction with local school systems should ensure that resources available under Chapter 766, "A Special Education Law", are made available to all eligible children (age 3 and older) and their parents.** For children under 3, referrals should be made to the Department of Public Health's Early Intervention Program when appropriate.

5. **The Commonwealth through the Department of Public Health (DPH) must ensure that all family shelters are free of lead paint.** It has come to MCCY's attention that a number of shelters currently contain lead paint. Given the high population of children in these facilities and the documented dangers of lead paint poisoning, it is imperative that all shelters be certified lead-free. A team of DPH workers, in conjunction with shelter providers, should determine which shelters require deleading and rectify the situation as soon as possible.

6. **All shelter staff should attend regular staff training sessions organized by the Commonwealth in cooperation with shelter directors. These sessions should address the following topics:**

    - How to access benefits/welfare programs
    - How to provide basic nutrition
    - How to identify basic medical needs
    - How to understand the developmental needs of preschoolers
    - How to identify the signs of child abuse and report suspected cases to the Department of Social Services
    - How to access drug and alcohol abuse programs
    - How to conduct housing searches and access housing resources
    - How to conduct interviews and provide supportive counseling
    - How to access programs for battered women
    - How to identify problems, e.g., staffing turnover, inconsistent policies and procedures, organizational problems and develop creative problem-solving techniques.

These sessions should be designed to help staff assess the needs of their guests, to keep shelter staff apprised of the programs and services available to families, and to facilitate the delivery of direct services. They should also serve as an opportunity for open communication among shelter providers and the Commonwealth.

In April and May 1986, the Robert Wood Johnson Health Care for the Homeless Project, under contract with DPW, offered a series of Family Shelter Staff Workshops on case management, housing, networking and stress. Although these provided an important first step, the time-limited training could not address in a comprehensive or in-depth manner, many of the topics listed above.

To help shelters cope with the complex needs of the families they are serving and, at the same time, to safeguard their role as emergency facilities, MCCY believes that various programmatic and/or ancillary supports must be developed. These should take the form of public/private partnerships built around but not within the shelters.

Short-Term Recommendations

1. **Community-based, multidisciplinary case management teams should be made available to all multi-problem families identified by DSS, shelter and hotel/motel social workers for the purposes of comprehensive case assessment, planning, coordination and follow-up.** These teams should ensure that the full range of medical, psychological, housing, social services and educational/vocational needs of women and children be met in a timely, planned manner.

2. **The Commonwealth through the Department of Social Services should design, circulate and fund a Request for Proposal for 10 new "family continuity programs".** These programs should be targeted for the Greater Boston area, and for other cities and towns where a large number of homeless families are now living in shelters, hotels, and motels. Each program should carry caseloads of 10-15 multi-problem homeless families and receive referrals from the multidisciplinary teams.

3. **The Commonwealth through the Department of Social Services should increase funding to existing parent aide programs that are willing to expand their programs to work more extensively with homeless families now living in shelters, hotels and motels.** These expanded parent aide programs would help oversee the carrying out of the team plan and would provide intensive one-on-one paraprofessional assistance to homeless families.

4. **The Commonwealth through the combined efforts of DSS, EOCD, and EOHS should increase the number of transitional housing programs for homeless families now living in shelters, hotels and motels.** These programs should allow guests a minimum 6-month length of stay and offer comprehensive services in case management, relocation and advocacy, basic living skills, etc.

Long-Term Recommendations

1. The number of family shelters should be stabilized. The Commonwealth should not continue building an industry for crisis management.

2. The average length of stay for families in emergency shelters should be gradually shortened, area by area, as new resources become available.

3. Shelters should return to providing emergency services. In order for this to happen, shelters must develop stronger linkages with existing social service agencies and have access to other important resources such as transitional housing, state rental subsidies and, most importantly, permanent housing.

DISCUSSION

The following section will give the reader a brief history of the rationale for implementing multidisciplinary teams for case assessment, planning, coordination and follow-up. It will discuss how teams can be used to address the needs of the subgroup of homeless families with multiple complex and chronic problems. Descriptions of the "family continuity program" model and parent aide services are also included since both are seen as key complements to the proposed system.

What is the status of multidisciplinary teams in Massachusetts?

In 1985, MCCY through its ongoing involvement with DSS to implement the provisions of the MCCY/DSS Settlement Agreement,[1] identified the lack of a comprehensive statewide system of multidisciplinary teams to assess and plan for the needs of vulnerable children and their families. In order to explore team models in other states and their relevance for policy and program development in

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[1]"Agreement for the Protection of Abused and Neglected Children", Massachusetts Department of Social Services and Massachusetts Committee for Children and Youth, August, 1984.

Massachusetts, DSS and MCCY in the spring of 1986, co-sponsored a day-long meeting to introduce Massachusetts policymakers to the Florida Child Protection Team Model. As a follow-up to that meeting, a group representing MCCY, DSS, the Massachusetts Chapter of the American Academy of Pediatrics, and a physician coordinating a Springfield sexual abuse team spent several days in 3 Florida team sites to assess the model and its possible application for Massachusetts. As a result of these explorations, concensus has developed among MCCY, DSS and the other participants about the need to develop a system of multidisciplinary teams in this state. Work has now begun to evolve the critical details of the Massachusetts approach which would be implemented and evaluated in 2-3 demonstration sites across the state.

Why is multidisciplinary input so important?

Underlying MCCY's support for the team concept are the following beliefs:

- All DSS workers and providers of services to homeless families must have ready access to expert consultation around specific medical, psychiatric, psychological, etc. issues relating to families they are assessing. These workers are not and cannot be experts in every field which impacts on family life. Much of current practice, however, implies that the contrary is true. Lack of routine multidisciplinary input places unrealistic expectations on workers, fuels their sense of being overwhelmed and erodes self-confidence --factors which contribute to poor morale, staff turnover, and importantly, to a diminished quality of services for troubled families.

- In specific cases, e.g., serious abuse/neglect, consideration of foster placement, consideration of termination of parental rights, DSS workers must have the added availability of a multidisciplinary team. Providers of services to homeless families should also have access to this resource to help assess the subgroup of multi-problem families they deal with.

  Through the teams, DSS workers and shelter staff can more accurately assess the complex and multiple needs of

parents and their children and evolve a realistic and detailed plan of action. For children and families in turmoil, the stakes are high and poor-decision making by individual staff can have life-long consequences. For the benefits of both families and workers, therefore, thoughtful and comprehensive case assessment and planning must be available in every area of the Commonwealth.

What relevance do multidisciplinary teams have for homeless families, in particular?

As data from Bassuk et al. indicate, the subgroup of homeless families with multiple serious and chronic problems are similar to a large number of multi-problem families which are referred daily to DSS. In fact, Commissioner Marie Matava in reviewing the Bassuk data has publicly acknowledged that these sound very much like "our families." Additionally, DSS has already begun to provide outreach and services to these homeless families through the hiring of 25 Homeless Specialists described earlier. DSS is clearly beginning to accept responsibility for serving this population and EOHS has been encouraging this activity.

Yet, as we have already noted, Homeless Specialists have been given the enormous burden of attempting to meet the housing and human service needs of many homeless families, including those who are most distressed and living in hotels/motels. With caseloads as high as 30-40 families per worker, it is unrealistic to believe that families will get the attention they need. Even with DSS's very recent decision to remove the task of housing searches from the Homeless Specialists' job responsibility, the complex needs of some families still require multidisciplinary assessment and planning. Even a dedicated and competent worker cannot and should not be expected to address these needs independently.

How would the teams be organized?

As in other parts of the country, teams should be coordinated professionally and consist of the following permanent members: a social worker, a physician/nurse practitioner, a psychiatric consultant, a child development

specialist, an educational liaison and a housing specialist. Other members brought in on a case specific basis may include an employment and training specialist, a lawyer, a parent aide supervisor, etc.

Teams should be community-specific in design. For example, they should draw upon existing professional and paraprofessional service providers who are, in many cases, already working with homeless families. MCCY is not recommending the hiring of a whole new array of programs and/or personnel to serve homeless families. We believe that many of the staff and services already exist but need to be coordinated and expanded. For example, a number of communities such as Attleboro, Fitchburg and Hyannis have organized informal teams to work with homeless families. These efforts should be built upon in these localities.

Which families would be referred to a team and how would that be determined?

All families entering shelters, hotels and motels would undergo a basic routine intake and assessment. This would be conducted on-site, either in the shelter, hotel/motel or in local DPW and DSS offices. Each family would be interviewed by a qualified clinical social worker.

Information gathered during intake/assessment would include:

- basic demographics including family size, composition, previous place of residence, income, reason for becoming homeless, work experience, etc.
- problems and needs as perceived by the family and the worker
- extent and duration of homelessness and multiple problems
- past and present involvement with other agencies.

Based on the extent of the families' problems and/or needs, the social worker would have two options:

a. For families who need specific, limited services and who exhibit good functioning, referrals to appropriate agencies would be made. Families with no basic human service needs other than housing would be referred to the local housing search agency. (See Housing Recommendations for further details).

b. Families where histories depict serious multiple and chronic problems, (e.g., homelessness over several years, family violence, alcohol or drug abuse, psychiatric problems, serious medical difficulties, etc.) would be referred to the multidisciplinary team for more in-depth assessment and case planning.

Would the families identified as needing the services of a multidisciplinary team have the option of choosing that course of action?

All families would be asked to sign a written release form which would indicate their consent to undergo team review. At the same time, this would allow the necessary community agencies to participate in the process without the limitations of confidentiality. The experience of teams in other states suggests that, in almost all cases, families referred for multidisciplinary case review are willing to work with teams because they see this as an opportunity to bring together a series of disorganized, overlapping and often ineffective social service efforts.

What would happen next?

After the family agrees to work with the team, the team, working with the social worker and with input from the family, would evolve an action plan.

This plan would:

1. Include realistic short and long-term goals for the family and its individual members
2. Address medical, psychological, social, educational, vocational, housing and income maintenance needs
3. Contain specific recommendations to ensure the welfare of the children
4. Identify the community providers who will carry out the specific aspects of the plan
5. Set a time schedule for reviewing the case plan and evaluating progress and goals met.

Which specific other services would complement the team's efforts?

Where multiple problems many be threatening a family's ability to stay together, the team may choose to recommend that the array of services needed by the family be provided through a more intensive outreach program such as the state contracted **"family continuity program"** (FCP). Currently, approximately 11 agencies contract with DSS to serve multi-problem families who have been resistant to offers of help or who have children at risk of being placed outside the home. The FCP model sees the entire family as the client system and works with each member in an intensive way. Although the quality of services provided varies according to the contract agency, the FCP approach has generally been found to be effective in working with multi-problem families to prevent the placement of children outside the home, to stop any abusive behaviors and, most importantly, to empower families to meet their own needs.

One example of a family continuity program is Family Continuity Program, Inc. (FCP, Inc.). This private, nonprofit agency now operates in 5 sites across Massachusetts and offers geographic coverage for 6 area offices of DSS. FCP, Inc. has a team of workers including a program director, family therapist, a psychiatric/psychological consultant, individual counselors, home care worker, educational specialist and a family alternate for respite care available to all families. However, not every staff member works with each family. Caseloads are kept to 10 to 15 families per team.

FCP Inc., works with families for an average of 1-1/2 to 2 years. Its services are available 24 hours per day. FCP's approach emphasizes the necessity of being creative and flexible. Rather than making decisions for the family, each FCP team works with the family to identify ongoing needs and formulate appropriate responses.

At present, FCP, Inc. employs 55-60 staff and serves about 55-60 families. The program is staff intensive and costs approximately $3,000 per year per family member receiving services.

Not all the families FCP works with are homeless, but approximately 50% are single-parent, female-headed

households who have or are currently receiving public assistance. Based on comparative data including household size, income, length of time receiving welfare, residential instability, histories of family violence and drug/alcohol problems, these FCP families are very similar to the subgroup of multi-problem sheltered homeless families. (See Appendix D for FCP data).

Multidisciplinary teams may also refer families to **transitional housing programs** with sufficient on-site services. Currently, in Massachusetts 4 such programs exist and offer comprehensive services in case management, relocation and advocacy, basic living skills, etc. (See Appendix C for details). The total capacity of these programs is only 25-30 families. Based on input from shelter providers (Table 1.2) and data from Bassuk et al., MCCY conservatively estimates that at least one-third, or approximately 200 of the total number of families currently living in shelters, hotels and motels may be in need of transitional living situations. Clearly, not enough of these programs exist and more must be created. (See Housing Recommendations).

Another resource to which the team may refer families is a local **parent aide program.** Massachusetts has a network of 41 parent aide programs. Twenty-six of these receive full or partial funding from DSS. The remainder are funded through various sources, such as United Way, the Department of Mental Health, private foundations, etc.

Parent aides are "trained, professionally-supervised individuals, volunteer or paid, who assist parents under stress and those whose children are at risk of abuse or neglect. The parent aide provides this assistance by developing a trusting relationship with the parent and by being a positive role model."[2]

Parent aide services work to:

- Develop parental self-confidence and self-esteem
- Strengthen parenting and individual coping skills
- Increase understanding of normal child development
- Improve problem-solving and communication skills
- Expand social contacts and reduce isolation
- Exhance home management skills
- Promote utilization of community resources.

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[2]The National Parent Aide Association (Program Pamphlet), Boston, MA, 1986.

A pilot parent aide program developed in the Plymouth DSS office works specifically with a small number of homeless families. Its director stresses the necessity for an adapted version of the parent aide model to work with this population. The program must be focused, concrete and task-centered. (See Appendix E for Plymouth DSS Parent Aide Program Materials).

Parent Aides would work in collaboration with the multidisciplinary team to help carry out specific aspects of the family's service plan or in some instances be a permanent member of the team.

Who would oversee implementation of the case plan?

The team would maintain responsibility for ensuring that the plan for a given family is carried out. A designated social worker, however, based either in the shelter, the hotel/motel or in the local DSS area office would serve as the case specific liaison between the family and the team. The social worker's responsibility would be to oversee implementation of the case plan. This would include:

1. Keeping the team apprised of any problems requiring refinement of the plan

2. Serving as the family's advocate to the team

3. Making sure each part of the plan is carried out

4. Serving as ombudsman for the family with public and private agencies

5. Maintaining regular contact with the family until stabilization and successful reintegration into the community occurs.

When would the team's involvement with the family end?

The team would remain involved with the family until it is assured that the family is stable and no longer needs its services. This process may take 1 to 2 years or more. Unless adequate follow-up occurs, families may once again cycle into another episode of homelessness. Hence, the team's work should extend beyond the family's stay in a

shelter, hotel or motel and continue for some time after they are placed in permanent housing. If the family moves out of the geographical area the team services, the family should be linked with another team. Each team must establish criteria for the closure of each case. A family continuity program now working with homeless families in Massachusetts suggests the following stabilization criteria:

1. The ability to manage finances

2. Achieving a minimum level of home management skills

3. Confirmation that children are regularly attending school

4. The cessation of abuse and neglect, (if it is occurring), and

5. The ability to utilize community resources.

The implementation of a quality system of multidisciplinary teams in Massachusetts will necessitate additional planning in order to more comprehensively address details relating to numbers, locations, interfaces between public and private agencies, access, costs, etc. MCCY strongly encourages this activity so that a small number of demonstration programs can be established and the resulting evaluation findings used to implement an effective statewide system.

RECOMMENDATIONS/THE HOTEL/MOTEL PROGRAM

MCCY believes that families should not be living in hotels/motels. These settings are unhealthy, dangerous, and certainly inappropriate for mothers with young children. However, the unfortunate reality is that currently no other resources are immediately available to handle the overflow of families not served by the shelter system. Since a significant number of families will remain in hotels/motels (for the next 1-2 years at least), the Commonwealth must accelerate its efforts to reduce the average lengths of stay, to improve the overall quality of these environments and to provide more intensive services.

Recommendations For Immediate Action

1. **A computerized tracking system must immediately be developed and implemented to follow all homeless families entering and exiting the state-funded hotels/motels and permanent shelter facilities.** Information to be gathered should include: family size, composition, previous place of residence, income and reason for becoming homeless. The purpose of gathering and recording this data as part of a statewide data base would be to keep track of the length of time families are homeless, the number of shelters, hotels and motels they enter and recidivism rates.

2. **The Department of Public Health (DPH) should assign teams of nurses to hotel/motel facilities which house 10 families or more to operate on a specific schedule of rounds--similar to the Robert Wood Johnson Health Care for the Homeless Project--and make sure that mothers and children have access to:**

   - innoculations
   - well-baby clinics
   - pre- and postnatal care
   - nutrition programs

   For children under 3, referrals should be made to the DPH Early Intervention Program when appropriate. These health teams should distribute to all hotel/motel families information which describes the Women, Infants and Children Supplemental Food Program, (WIC), Healthy Start, etc. and should make sure that all eligible families are receiving these services.

3. Refrigerators should immediately be placed in all hotel/motel rooms. Priority should be given to pregnant women and women with infants living in these facilities.

4. The DSS discretionary fund should be expanded so that children living in shelters, hotels and motels can attend summer camp, organized field trips, recreational programs, etc. to give them much needed respite from these stressful environments.

Short-Term Recommendations

1. All families entering hotels/motels should have access to the services of community based multidisciplinary teams. As recommended above, social workers located on-site in hotels/motels or in local DSS offices should conduct intake/assessments and, based on information gathered, refer families for multidisciplinary case assessment planning, coordination and follow-up.

Long-Term Recommendation

1. Barring cases of fire, flood or other natural disasters, homeless families should no longer be placed in hotels/motels.

RECOMMENDATIONS/BENEFITS

Recommendations For Immediate Action

1. **Food vouchers should be provided to all families living in hotels/motels for the purchase of prepared meals in restaurants, cafeterias, etc.** These vouchers should serve as a supplement to current Food Stamp allotments and be distributed by DPW on a monthly or bi-monthly basis.

2. **Funding for the Women, Infants and Children Supplemental Food Program, (WIC) should be increased. Aggressive outreach efforts to inform eligible families of the program's existence should be developed.** MCCY strongly endorses the passage of S.B. 1929 "An Act to Expand and Improve the WIC program".

Short-Term Recommendations

1. **AFDC grants should be increased to the federally-established Poverty Level Income for 1986.**

2. **The recently signed law which aims to locate absentee fathers and enforce the collection of child support should be vigorously implemented.** Since 92% of all AFDC families require some assistance because absent fathers do not provide adequate child support, MCCY believes an effective collection program is a critical supplement to increasing AFDC grants.

Long-Term Recommendations

1. **AFDC grants should keep pace with the federally-established Poverty Level Income.**

2. **Once homeless families are stabilized in permanent housing, DPW's existing Employment and Training Program should conduct specialized outreach efforts to the AFDC mothers who are interested in participating in this program.**

RECOMMENDATIONS/HOUSING

The issues related to rehousing homeless families are complex and not easily classified according to immediate, short- and long-term recommendations. MCCY, therefore, believes that efforts to initiate each of the following recommendations should be started immediately and expects that their full implementation will extend over a period of several years.

1. **Funding for new Chapter 705 family public housing must be increased over the coming years.** MCCY endorses the spending targets for new low-income housing recommended in the "Long Range Housing Plan for Massachusetts" released in November 1985 by the Massachusetts Coalition for the Homeless. The only possible long-range solution to the family homelessness problem is to commit to this kind of sustained funding for new supply of low-income housing.

2. **EOCD should consider more aggressive efforts to overcome community resistance and expedite the development of Chapter 705 housing.** These may include more aggressive technical assistance to housing authorities and their boards, expansion of the scope of Executive Order 215 and/or more aggressive implementation and follow-through on it.

3. **Several measures should be taken to encourage the development of more transitional housing:**

   a. EOCD and EOHS should not require that an agency have a site in order to apply for funding.

   b. A development consultant should be paid by EOCD or EOHS to work one-on-one with nonprofit agencies once they have been designated as providers of transitional housing. The development consultant would help in finding a site, arranging financing and speeding up the development process. The arrangement with the development consultant could be similar to Massachusetts Housing Partnership's funding of Greater Boston Community Development (GBCD).

c. EOCD should set aside a special pool of 707 moderate rehab money for transitional housing.

d. EOHS and DSS should have money for services available to match the housing money at EOCD.

4. **MCCY calls upon EOHS, working in cooperation with EOCD, to develop a comprehensive and coordinated long-range plan for the provision of transitional housing.** This type of housing is being planned or built for many different populations that overlap with the homeless family population -- such as pregnant and parenting teens, battered women, and substance abusers. Guidelines regarding appropriate design of living spaces, selection of guests, length of stay, appropriate services, aftercare, etc. should be developed and consistently applied. Without this kind of planning, programs intended to serve one population might be inappropriately used by a population needing very different kinds of services.

   Finally, since transitional housing is a new and relatively untested concept, resources should be devoted to research and evaluation.

5. **Funding of Community Development Corporations (CDCs) to develop low-income housing should be increased.** Funding of CDCs through EOCD's OCED office should be expanded. CDCs have the commitment to low-income populations that housing authorities and their boards often lack. Their ingenuity, resourcefulness, and ability to overcome siting problems make them a powerful resource for developing low-income housing. The state should increase funding for CDCs' operating expenses and predevelopment costs, and should increase funding for the Housing Abandonment Program.

6. **Aggressive Housing Search Services must be provided by nonprofit agencies, under contract to EOCD, to ensure that the 1200 Emergency Case Certificates and 2250 Special Certificates are not returned unused.**

7. **These nonprofit "Housing Search Agencies" should be given the money and the power to implement creative and innovative housing solutions to family homelessness such**

as the ones listed below.

a. Housing Search Agencies should play a "wheeling and dealing" type of role on behalf of homeless families, brokering with landlords and developers to set aside units for permanent housing for homeless families. In particular, the agencies should negotiate with CDCs and other developers of SHARP, MHP, and Abandonment Initiative Housing to set aside units for homeless families.

b. Housing Search Agencies should maintain a community-centered approach to the housing search. The goal of the Housing Search Agencies should be to develop and maintain a network of landlords, realtors, churches, and other contacts who are sympathetic to the plight of homeless families. Drawing on such a network appears to be an effective way of finding units for homeless families.

8. **EOCD should administer a loan and grant fund for code work, and perhaps for deleading, that the Housing Search Agencies could use as an incentive with landlords.**

   Currently DPW is paying monetary incentives to landlords simply for accepting a homeless family. The code work/deleading fund would allow some tenants to benefit (by getting a better apartment) from the money paid to landlords.

9. **Doubled-up families should receive housing search services to prevent them from cycling into hotels/motels and shelters.** Currently, these families are not targeted for housing assistance services. Although some observers claim that it would be difficult to find doubled-up families, DSS Area Offices, agencies under contract to DSS, and housing authorities all have contact with many doubled-up families. The Housing Search nonprofit agencies should be required to accept referrals of doubled-up families from all of these agencies and provide services to them.

10. **EOCD's Housing Services Program, which provides landlord/tenant mediation to prevent homelessness from occurring, should be expanded to serve more households.** In particular, the program should target areas with large numbers of "at-risk" families.

11. **Steps must be taken to further expose and combat discrimination against female-headed, welfare families.** MCCY endorses the recommendations outlined in the Massachusetts Commission Against Discrimination's April 1986 report including:

    a. Increasing public awareness of the Anti-Discrimination Laws

    b. Continuing to allocate money for the enforcement of fair housing practices, and

    c. Increasing the amount of money awarded to victims in cases of housing discrimination.

12. **EOCD must aggressively enforce the new tenant selection regulations, to ensure that homeless families do in fact receive emergency case status.** The efforts of local service and advocacy groups could be of enormous help in this effort. EOCD or EOHS should inform community organizations that deal with homeless families about the new emergency case plans being drawn up by their local housing authorities. These groups must be made aware that new regulations exist vis-a-vis homelessness, and that the groups can have input into the local emergency case plan. Finally, local service and advocacy groups could be effective monitors of implementation of the new regulations.

* * *

CONCLUSION

"What we do in the next few months will, at best, be a stop-gap effort--and hardly a substitute for the kinds of policies that produce...decent support for the destitute. But the pain and suffering of those who are barely getting by from day to day... requires more than planning and good intentions. And so we will act now."

Governor Michael S. Dukakis
Inaugural Address
January 6, 1983

CONCLUSION

The recommendations in this report make it clear that there are specific actions we can take today to lessen the burdens on homeless children and their families. The need for thorough and thoughtful planning, however, cannot be undervalued if we are to successfully tackle the multiple and complex problems which contribute to outcomes of family homelessness.

It is MCCY's position that the provision of appropriate and coordinated housing and human services for homeless families necessitates the development of a detailed and comprehensive short and long-term plan. This plan should be based upon input from various public and private agencies with the Executive Office of Human Services providing central leadership. It must ensure the smooth coordination of relevant state agencies that, until now, have been either uninvolved, over-invested or inadequately supported. The plan should also include realistic timelines to integrate or "phase in" new programs while, at the same time, specify ways of improving, transforming, or in some cases, eliminating old ones.

To ensure implementation, MCCY believes the plan should be monitored and evaluated at regular intervals by a body whose membership includes representatives from the state, advocates, legislators, and other private sector workers.

MCCY's concern for homeless children and their families will not conclude with the publication of this report. We are committed to ongoing advocacy efforts both independently, and in collaboration with policymakers, providers and others who work to improve the lives of vulnerable families in our Commonwealth.

APPENDICES

APPENDIX A

Emergency Assistance Summary

Categorical Requirements - Dependent child under 21 related to at least one adult in the applying household or a pregnant woman (any trimester).

Financial Eligibility - 185% Need Standard

Size of Unit	Gross Income
1	$ 530.95
2	675.25
3	812.15
4	952.75
5	1,093.35
6	1,233.95
7	1,372.70
8	1,511.45
9	1,652.05
10	1,790.80
Increment	140.60

Assets - May not exceed $1,000.00

Programs	Benefits
1. Disaster	A, B, C, E
2. Homelessness	B, C, E
3. Prevention of Homelessness	B, D, E
4. Appliance Repair/Payment toward replacement	F
5. Utility shut-off	G
6. Non Delivery of Fuel	H

1. Disaster - Any event beyond the control of the applicant, e.g. fire, hurricanes, roof cave-ins, etc.

2. Homelessness - Homeless for any reason

3. Prevention of Homelessnesss -

- Imminent eviction
- Uninhabitable dwellings declared so by the Board of Health or Code Enforcement Agency and not remedial by landlord in 5 days
- Mistreatment of EA member, e.g. spouse abuse
- Recent residential overcrowding - 2 families living together 90 days or less

Benefits

A. Appliance, furniture replacement, food replacement, clothing replacement, household equipment and supplies

B. Moving expenses up to $150.00
First Month Rent
Security Deposit

C. Emergency Shelter up to 90 days

D. Payment of up to 4 months back rent or mortgage

E. Furniture storage up to 30 days

F. $100.00 to repair or as payment toward replacement of a refrigerator, stove, or hot water heater

G. Up to 4 months payment for utility to shut-off for restoring. The 4 months with the 12 month period preceding last date of service.

H. One or more fuel delivery of fuel within a 30 days authorization period

As with all Public Assistance programs, verifications of financial and categorical eligibility are required.

Key Benefits for the Homeless

Food Stamps	Fixed residency is not required for Food Stamp eligibility. (106 CMR 362.100) (Note: residents of shelters providing two or more meals are not eligible for Food Stamps - 106 CMR 261.240 (B)
General Relief Benefits (Permanent residence not required)	Benefits should be received by a homeless applicant "not withstanding the lack of a present abode" (and if otherwise eligible). (106 CMR 312.060)
AFDC Benefits (Permanent residence not required)	Benefits should be received if the homeless household's intent is to reside in the state (and if otherwise eligible). (106 CMR 303.400)
Emergency Assistance Homeless Benefits	Homeless households eligible for EA may receive: . Emergency Shelter in a hotel/motel for up to 90 days (if other resources are not available) . One (1) month advance rent . Security deposit . Moving expenses (up to $150.00) . Furniture storage (up to 30 days) (106 CMR 309.050 (A))

Rental or Mortgage arrearage to prevent Imminent eviction	Up to four (4) months of back rent or mortgage may be paid to EA eligible households if landlord agrees not to evict. (106 CMR 309.050 (B))
In cases of . eviction . uninhabitable dwelling . recent residential overcrowding . mistreatment of an EA household member	The benefits for homelessness apply if suitable housing is unavailable and the EA household becomes homeless. (106 CMR 309.050 (B) (C) (D) (E)
Family reunification Benefit (FRB)	AFDC benefits can continue for families whose child(ren) are temporarily removed from the home and in the care of DSS for less than 6 months. Benefits may also begin up to 3 months prior to the return (106 CMR 305.450-470).
HERS Payments Homeless Emergency Rent System	A special check for advance rent and security deposit may be issued within 48 hours for certain emergency homeless cases in which the landlord will not accept a voucher payment. (AP/ADM - 84-58)
Emergency Relief Homeless Benefits	GR recipients are eligible for the same benefits as those eligible for Emergency Assistance except for emergency shelter in a hotel/motel.
Expanded GR Medical Benefits	All GR reciptients are now eligible for expanded community (non-hospital) medical services. (AP-84-44 and MA Letter 209).

APPENDIX B

DSS HOMELESS SPECIALIST STAFF

REGION I	OFFICE	STAFF
Area 1	Pittsfield	2 half-time
Area 2	Greenfield	1 half-time
Area 2a	Northampton	1 half-time
Area 4	Springfield	2 full-time
REGION II	**OFFICE**	**STAFF**
Area 6	Fitchburg	1 full-time 1 half-time
REGION III	**OFFICE**	**STAFF**
Area 11	Lowell	1 full-time
Area 14	Cape Ann	1 half-time
Area 15	Danvers/Salem	2 3/4-time
Area 16	Lynn	1 full-time
Area 16a	Chelsea	2 half-time
Area 18	Tri-City	1 full-time
REGION IV	**OFFICE**	**STAFF**
Area 22	Cambridge/Somerville	1 full-time
Area 24	Framingham	1 full-time
Area 26	Norwood	----
Area 27	Quincy	1 half-time
Area 28	Coastal	1 half-time
REGION V	**OFFICE**	**STAFF**
Area 29	Attleboro	1 half-time
Area 30	Brockton	1 full-time
Area 31	Plymouth	2 full-time
Area 34	New Bedford	1 half-time
Area 35	Cape and Islands	5 full-time
REGION VI	**OFFICE**	**STAFF**

Region VI (Boston) homeless specialist staff are based as a unit at DSS Central Office. Four full-time positions exist.

*Based on information from the Department of Social Services.

APPENDIX C

TRANSITIONAL PROGRAMS FOR HOMELESS FAMILIES IN MASSACHUSETTS

Program	David Jon Louison Child Center 195 West Elm Street Brockton, Ma.
Year Opened	October 1982
Umbrella Agency	David Jon Louison Foundation
Funding	David Jon Louison Foundation ($25,000) Brockton Housing Authority CDBG ($50,000) Department of Social Services (DSS) Department of Public Welfare (DPW) United Way After first 30 days-Residents pay $236.00/month from AFDC grant plus food stamps
Facility	A 20 room house with 8 bedrooms, 3 baths, 2 kitchens, an office, and common living room, dining room, playroom for children,etc.
Goal	The primary goal of this program is to help children who are developmentally at risk by offering a nurturing, supported environment to both mother and child.
Population Served	Single women and children age 5 and under.
Capacity	16 people (usually 8 women with children)
Intake/Screening	Referrals from the DPW, DSS, Area hospitals, Catholic Charities, self-referrals, etc. Only candidates who are obviously incapable of living in a group situation are refused entry into the program.
Length of stay	6 months - 1 year (with some exceptions)
Staff	Director (full time) Life Skills Counselor (full time) Child Development/Infant Stimulation Person (full time) Live-In House Manager (full time) Evening House Manager (2) (part time) Receptionist (part time)

Programs/Services

Life Skills Workshops
Weekly Parenting Groups
GRE Preparation
Counseling (individual and family)
Housing Assistance and Advocacy
Day Care Referrals

Outside Community and/or Agency Involvement

Brockton Visiting Nurses Association (upon request)
Volunteer Nutritionist (every other week)

Follow-up

Currently follow-up is informal, however, a great deal of contact is maintained with families who leave the Center. Staff keep track of where women go and either phone call or visit on a regular basis. Visitation continues until staff feel that the family is stabilized. In addition, parties and/or cook-outs are and all guests, former and current, are encouraged to attend.

Program	Horizons Transitional Housing Program 249 River Street Mattapan, Ma.
Opened	April 1985
Umbrella Agency	Women's Educational and Industrial Union (WEIU)
Funding	Planning grant from EOCD ($5,000) Department of Social Services The Boston Foundation ($20,000 match) NDEA ($24,000) for year 1 Private Donations
Facility	A 22 room house leased (for 3 years) to WEIU for $1 a year by the Dept. of Public Facilities. Women with 1-2 children have a single bedroom; larger families utilize 2 rooms.
Goal	"To allow resident women time to pursue educational/vocation goals and to save for, and locate, permanent housing; To provide assistance and support for single women with children to develop economic independence and stability."
Population Served	Homeless women with children
Capacity	20 beds (usually 7 families)
Intake/Screening	Selection for Horizons Transitional Housing Program is a fairly rigorous process. Residential referrals are taken from Boston area family shelters and shelters for battered women. Non-residents may be referred by community service agencies. Among the criteria for residents are; motivation, commitment to a vocational/educational program and no history of drug or alcohol dependence. Potential candidates for Horizons must first submit an application which includes basic questions about their history, goals, strengths and weaknesses, along with two letters of recommendation. They must then participate in three screening interviews, all conducted at Horizons. The first two are with the house manager and the program advocate. The third interview includes all of the women currently living in the house. Following acceptance and entry into the program, new residents are on a

trial basis for the first 6 weeks. During this time they must "demonstrate readiness and desire for the program by following through on goals, adhering to requirements, or by asking for help when they need it."

Length of Stay — 6 months - 2 years.

Staff

Program Coordinator (full time)
Career Counselor (full time)
Child Advocate (part time)
Volunteer Coordinator (part time)
House Manager (full time)
Maintenance Person (part time)

Administrative Staff

(Employed through WEIU to work part-time on Horizons)
Administrative Assistants (2)
Fundraiser (part-time)

Programs/Services (open to both residents and non-residents)

Career Assistance including referrals to training/educational opportunities, GED programs, schools, etc.
Child Care Advocacy
Housing Advocacy
Budgeting, home management, nutrition assistance.
Outreach to shelters, community agencies, etc.

Outside Community and/or Agency Involvement

Robert Wood Johnson Health Care for the Homeless
Parents Anonymous
Big Brother/Big Sister
Family Support Network

Follow-Up — Currently, follow-up remains informal and consists of either phone calls and/or personal visits. WEIU is in the process of developing a more extensive system of follow-up which will include a questionnaire and the assignment of departing clients to individual staff people.

APPENDIX C (Continued)

Program	Huntress Apartments Emerson Ave. Gloucester, Ma.
Opened	January 1986
Umbrella	NUVA, Inc.
Funding	Executive Office of Communities and Development (689 funds) Department of Public Welfare Private donations/ foundation support Local Cities and Town Grants
Facility	A 35 room house with 12 bedrooms, 3 baths, communal kitchen, living room, etc. Purchased from the city of Gloucester with 689 money by the Gloucester Housing Authority and NUVA Inc.
Goal	To provide housing, human services and training in independent living skills to multi-problem homeless families.
Population	Multi-problem homeless families.
Capacity	25 beds (7-8 families)
Intake/Screening	Referrals taken from DPW, DSS, local shelters, ACTION, Inc., self-generated, etc. According to NUVA's contract with the DPW, prior to any shelter bed being filled, the Shelter Director must call a meeting of an intake review committee consisting of the Shelter Director, the local Department of Public Welfare Director or designee and the local Department of Social Services Director or designee. This committee will offer advice and recommendations, but final approval of all applicants depends upon the decision of the Shelter Director.
Staff	Executive Director (full time) Program Director (full time) House Manager (full time) Residential Counselors (2 full time, 4-5 part time) Case Manager/ Therapist (full time) Advocate/ Volunteer Coordinator (full time)

Business Manager (part time)
Secretary/ Receptionist (part time)
G.E.D Teacher (part time)

Programs/ Services

Case Management
Relocation and Advocacy
Day Care Referrals
G.E.D. Training
Budget Management
Personal Growth Workshops

Outside Community and/or Agency Involvement

Mental Health Services - NUVA and Cape Ann Mental Health Clinic
Substance Abuse Counseling - NUVA
Medical Services - Addison Gilbert Hospital
Legal Assistance - ACTION, Inc.
Work Support Program - ACTION, Inc.

Follow-Up

In accordance with their DPW contract, NUVA provides follow-up services that include: 1.) client access to all shelter services, except a shelter bed, for a minimum of 3 months after the family has left the shelter, 2.) developing a written service plan for each client before moving into permanent housing. (The plan includes the types of services to be provided by the Shelter and the frequency of services); and 3.) monthly visits for a minimum of 12 months with families or monthly telephone conversations if the family has moved beyond 30 miles of the Shelter. Networking with area shelters, social service agencies, and housing authority people is another important aspect of NUVA's follow-up services.

APPENDIX C (Continued)

Program	Community Teamwork Family Shelter Lowell, Ma.
Opened	January 1986
Umbrella	Community Teamwork Inc. (CTI)
Funding	The Department of Public Welfare Private donations
Facility	Apartment building that offers private units for each family consisting of one or two bedrooms, kitchen, living area and bath.
Goal	To offer families important life skills to prevent repetition of the pattern of homelessness and to alleviate abuse and neglect of children.
Population Served	Multi-problem homeless families
Capacity	20 beds (6-7 families)
Intake/Screening	All referrals come from DSS
Length of Stay	6 months to 1 year
Staff	Director (part time) Social Service Supervisor (full time) Social Worker (full time) Residential Coordinators (2) (full time)
Programs/Services	Life Skills Workshops Medical Counseling Nutrition Counseling Housing Assistance and Advocacy Parent Support Groups Transportation Assistance
Outside Community and/or Agency Involvement	Planned Parenthood YMCA Lowell Housing Authority Unitas (for Hispanic families) Substance Abuse Consultants

Follow-up

In accordance with their DPW contract, CTI provides follow-up services that include; 1.) Client access to all shelter services, except a shelter bed, for a minimum of 3 months after the family has left the shelter, 2.) Developing a written service plan for each client before moving into permanent housing. (The plan includes the types of services to be provided by the program and the frequency of services); and 3.) Monthly visits for a minimum of 12 months with families or monthly telephone conversations if the family has moved beyond 30 miles of the program.

APPENDIX D

FAMILY CONTINUITY PROGRAM DATA ON SINGLE, FEMALE-HEADED HOUSEHOLDS WITH RESIDENTIAL INSTABILITY*

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86 FAMILIES SERVED
29(34%) FAMILIES INDENTIFIED AS HAVING RESIDENTIAL INSTABILITY

NO. OF 1-PARENT FAMILIES	NO. OF 2-PARENT FAMILIES
21 (72%)	8 (28%)
Female headed 20	
Male headed 1	

AGE OF PARENTS

Years old:

20-25	26-30	31-35	36-40
2(5%)	6(16%)	11(30%)	13(35%)

41-45	46-50	51-55
4(1%)	0	1(3%)

NO. OF CHILDREN IN FAMILIES

2	3	4	5	6	7	8
5(17%)	4 (14%)	13 (45%)	5 (17%)	1 (.3%)	0	1 (.3%)

Total No. of Children - 113

INCOME RANGE

0-$5000	$6000-$10,000	$11,000-$15,000
0	20 (51%)	7 (24%)

$16,000-$20,000	$21,000-$25,000
2 (7%)	0

SOURCE OF INCOME

AFDC	Wages	SSI	AFDC & Wages
15 (52%)	4 (14%)	1 (3%)	4 (14%)

G.R.	SSI/Wages	AFDC & SSI
1 (3%)	1 (3%)	3 (10%)

TIME ON WELFARE

Years:	0-1	1-2	2-3	4-5	5+
	0	2 (7%)	2 (7%)	1 (3%)	15 (52%)

EVICTIONS - PAST 5 YEARS

Evictions	0	1	2
Families	8 (28%)	8 (28%)	13 (45%)

MOVES - PAST 5 YEARS

Moves	1	2	3	4	5
Families	0	1 (3%)	14 (48%)	8 (28%)	2 (7%)

Moves	6	7	8	9
Families	2 (7%)	0	1 (3%)	1 (3%)

51A's FILED
28 families (96%)

C&P's FILED
13 families (45%)

ABUSE CONCERNS
20 families (70%)

NEGLECT CONCERNS
22 families (76%)

DRUG/ALCOHOL PROBLEMS (NUCLEAR OR EXTENDED FAMILY)
26 families (90%)

ABUSED AS CHILDREN
25 families (86%)

ABUSED BY PARTNERS
24 (83%)

FAMILIES WHO HAVE HAD CHILDREN REMOVED-
VOLUNTARILY OR INVOLUNTARILY
23 families (79%)

*This information represents a sample of families who have been involved with FCP, Inc. from 1/85-1/86.

APPENDIX E

PLYMOUTH DSS PARENT AIDE PROGRAM MATERIALS

KEY ISSUES IN SERVING HOMELESS FAMILIES

1. Most are single parents, predominately female
2. Low self-esteem
3. Most have experienced a series of failures and rejection; failed as provider, nurturer, in relationships, in jobs, in maintaining rents.
4. Seem to have a sense of being constantly behind--in rent, in utility bills, in receiving proper medical care of self and children.
5. Have a lowered coping ability with children
6. Seem stressed and overwhelmed
7. Frequently feel bored
8. Feel trapped by system and unable to dig out
9. Seem to feel a sense of shame
10. Feel discriminated against by housing authorities and landlords
11. Feel tired, defeated, "stuck"
12. No sense of security in most areas of their lives
13. Many seem to be victims of current social and economic systems--high rents, low income, scarcity of low and moderate income housing, unemployment etc.

CHARACTERISTICS OF HOMELESS CHILDREN

1. Tired
2. Bored
3. Low self-esteem
4. Fearful
5. No sense of stability
6. Interrupted education
7. No place to play
8. No old playmates to be with
9. Frequently ill due to poor diet and insufficient sleep
10. Some blame themselves for the situation
11. Most of their toys and clothes are stored in plastic garbage bags
12. Many are embarrassed to give an address-(They do not want school or friends to know they live in a motel or shelter).
13. Many become use to a parent who is overwhelmed, short-tempered and impatient
14. Become use to frequent and different caretakers
15. Many do not trust other adults or authority figure as they see the life of their major caretaker falling apart
16. Have become use to irregular or no structure or limit setting.

APPENDIX E (continued)

Problems Typically Confronting Homeless Population

1. Housing; lack of income, lack of available housing units.
2. School issues: not registered, interrupted education.
3. No transportation.
4. Unable to keep medical appointments for children and selves.
5. Poor credit, thus no references, and often outstanding utility bills.
6. Finding jobs-(I want one, but have no skills)
7. Working toward G.E.D. or other training/educational opportunities.
8. Improving attitude, outlook and self-esteem-(I'm no good, I'm a failure).
9. Budgeting, opening savings account-(I've never done either).
10. Child care or day care-(Where do I find it?)
11. Selecting a responsible, compatible roommate to share apartment.
12. Pregnancy-wanted or unwanted.
13. Even if apartment is found-no furnishings, no money.
14. No refrigeration, no cooking facilities-nutritional needs not met.
15. Previous eviction (vendor payment, be a good tenant) how to avoid.
16. Short-tempered and loss of patience-(I'm afraid I will lose it my kids).

APPENDIX E (continued)

TYPICAL TASKS TO BE WORKED ON

1. Learning to fill out housing or job applications.
2. Preparing a budget.
3. Keeping medical appointments.
4. Selling youself on the telephone--get the interview with prospective landlord or employer.
5. Learning to read classified ads, schedules.
6. Understanding leases.
7. Opening savings account-deciding on bi-weekly amount to deposit.
8. Hints for finding low cost furnishings.
9. Making list of contacts; friends, relatives who may have leads to apartment or job.
10. Working on more appropriate and consistent discipline and limit setting for parents when dealing with children.
11. Help them with G.E.D.
12. Take them to registry to obtain license.
13. Making list of what went wrong in previous living situation (i.e., non-payment of rent, property destroyed, children un-ruly, friends partying too frequently).
14. Securing coolers and crock pots, refrigerators, etc.
15. Meal planning-how to shop and cook while in motel without eating "fast foods" every night.

APPENDIX F

LIST OF AGENCIES AND SHELTERS CONTACTED DURING THE PREPARATION OF THIS REPORT

Agencies

Association of Massachusetts Parent Aide Programs
Boston Emergency Shelter Commission
Citizens Housing and Planning Association, Inc.
Citizens Committee for Children of New York, Inc.
Catholic Charities of Brockton
Cape Cod Community Action Project
Coalition for the Homeless-Massachusetts
Coalition for the Homeless-New York
Committee for the Boston Public Housing, Inc.
Community Program Innovations/Northern Family Institute
Emergency Alliance for Homeless Families and Children
    c/o Citizens Committee for Children of New York
Executive Office of Communities and Development
Executive Office of Human Services
    -Governor's Advisory Committee on the Homeless
    -Department of Mental Health-Health Care Project
    -Department of Social Services-Homeless Specialist Unit
    -Department of Public Welfare-Housing Search Unit
Family Continuity Program, Inc.
The Family Project/Parent Partner Program
Judge Baker Guidance Center-Clinical Service Program
Massachusetts Caucus of Women Legislators
Massachusetts Housing Project
Office for Children
Phillips Brooks House
Project Bread/Hunger Hotline
Robert Wood Johnson, Health Care for the Homeless Project
Social Action Ministries
Solomon Carter Fuller Mental Health Center
Tenants United for Public Housing Progress (TUPHP)
Traveler's Aid Society of Boston
United Community Planning Corporation (UCPC)
Women's Education and Industrial Union (WEIU)

APPENDIX F (continued)

Shelters

Western Massachusetts
Emergency Shelter of Greater Springfield
Jessie's House
Loreto House
The Main Street Shelter

Central Massachusetts
Abby's House
Boothe House
Friendly House
Gardner Emergency Shelter
Worcester Catholic Charities

Northern Massachusetts
Lawrence Shelter
Lazarus House
Lowell Shelter
Wellspring House

Southeastern Massachusetts
Attleboro Family Resource Center
Hyannis Housing Assistance Corporation
Mainspring House
Market Ministries
Reinhart Emergency Shelter
Shelter Care

Greater Boston
Shelter, Inc.

City of Boston
Boston Family Shelter
Cape Verdean
Crossroads
Hogar Hispano
New Chardon Street
Project Hope
Roxbury Corps
Roxbury Multi-Service Center
Sojourner House

Transitional Programs
Community Teamwork, Inc.
David John Louison Child Care Center
Horizons House
NUVA, Inc.

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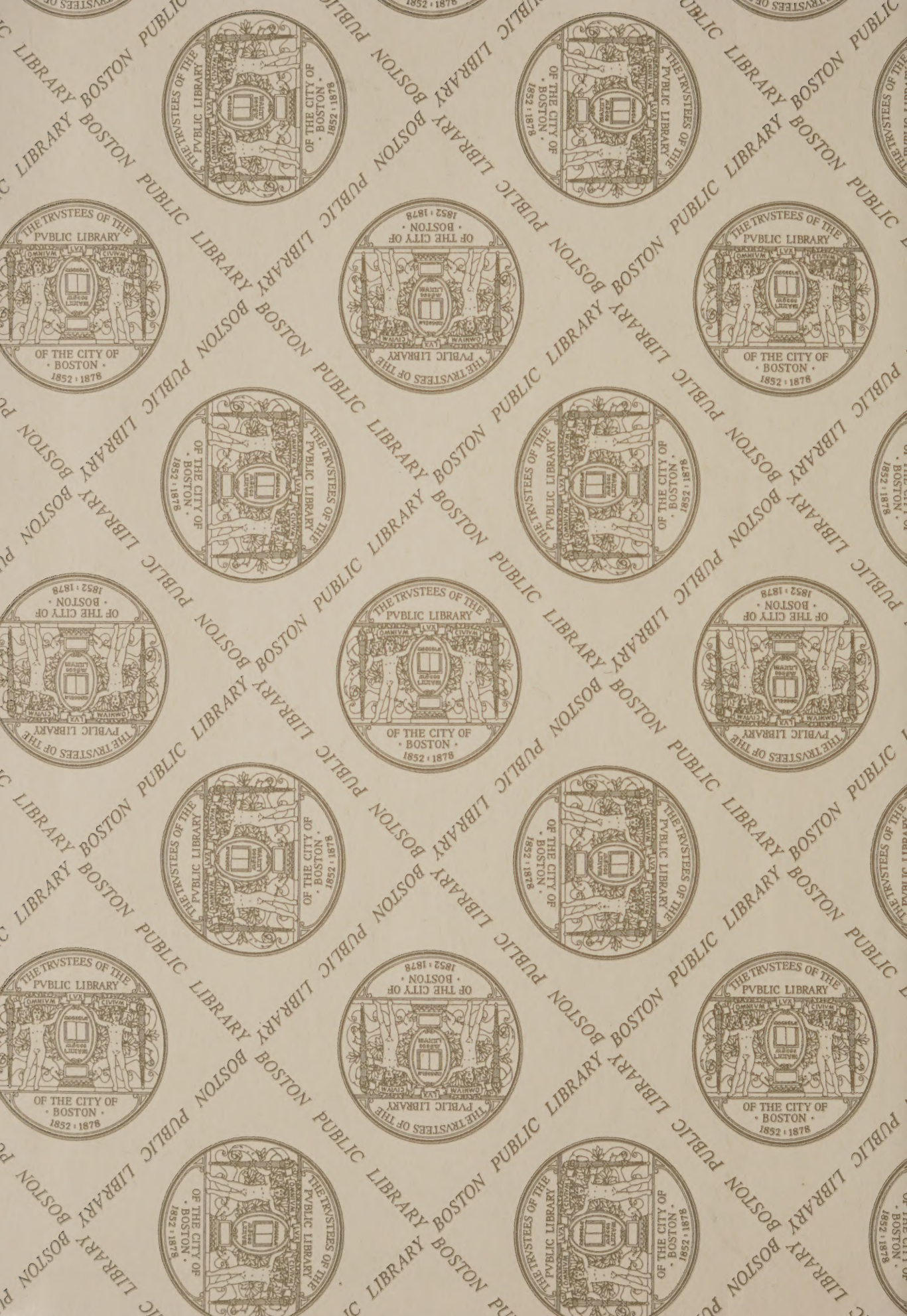
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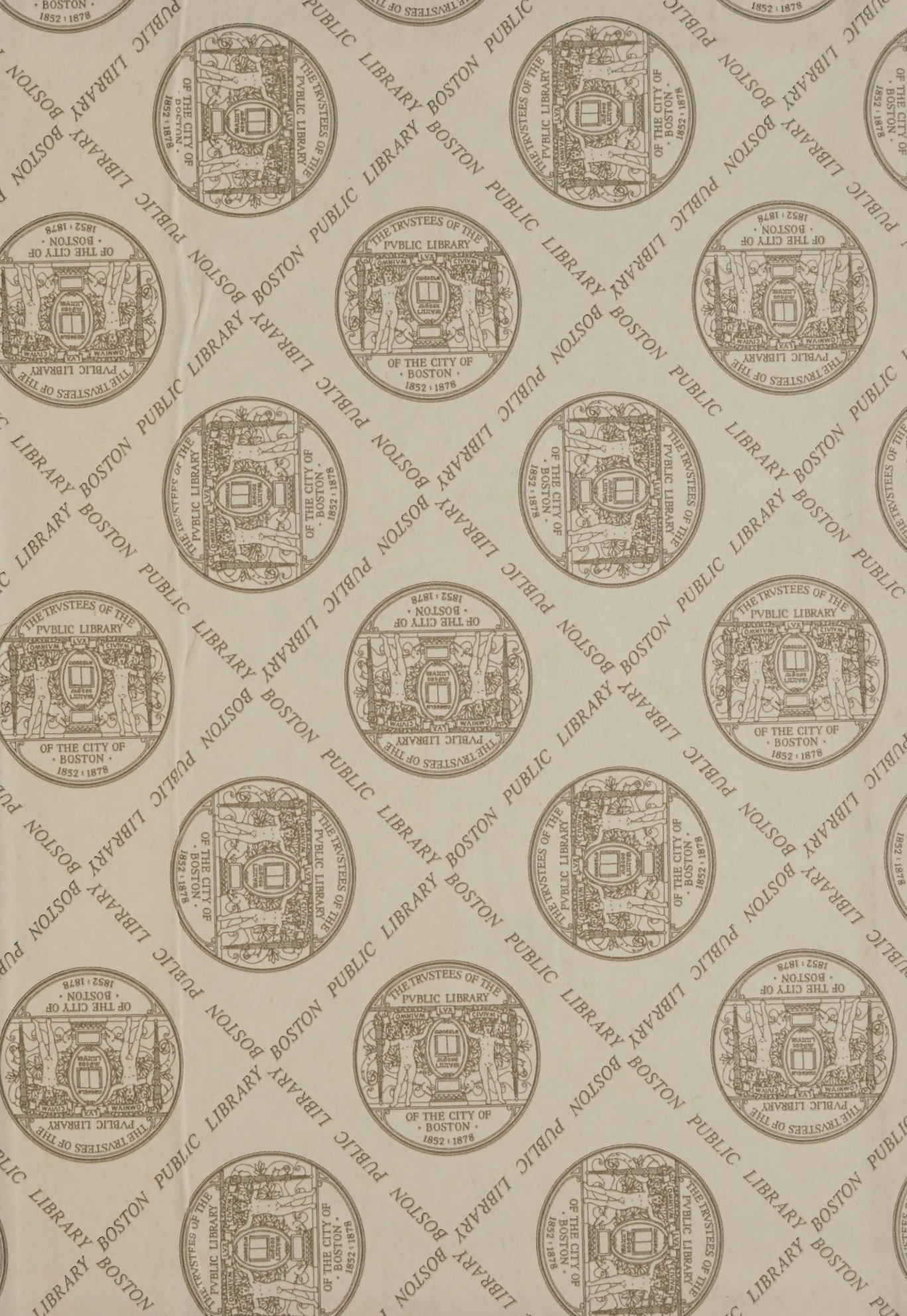
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